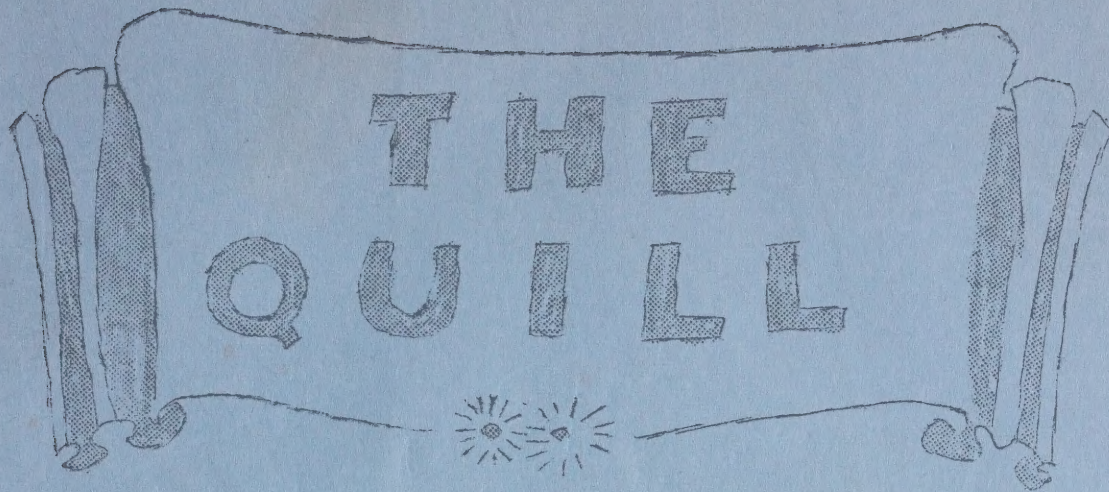
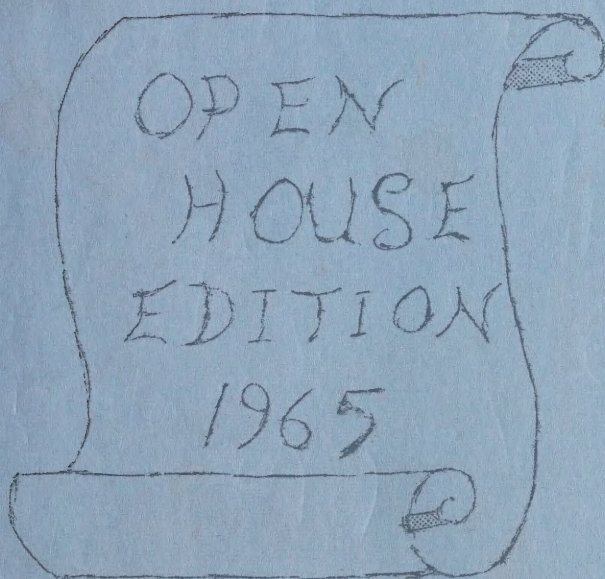
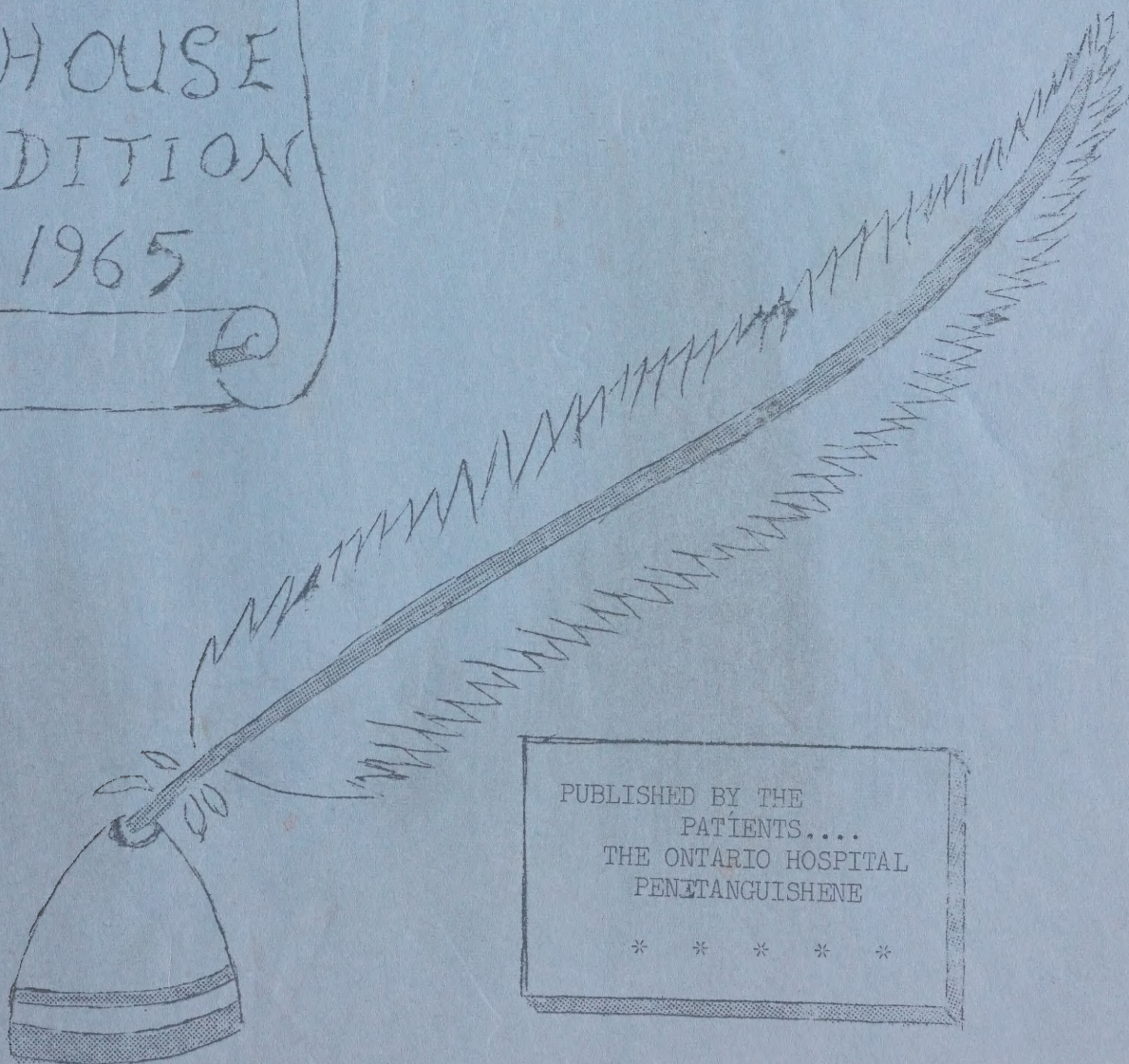


THE QUILL

A decorative banner with the title 'THE QUILL' in a bold, blocky font. The banner is flanked by two bundles of quills. Below the banner, there are two small starburst or sun-like symbols.

OPEN
HOUSE
EDITION
1965

A decorative scroll with the text 'OPEN HOUSE EDITION 1965' written on it. The scroll is rolled up at the top and bottom.

PUBLISHED BY THE
PATIENTS....
THE ONTARIO HOSPITAL
PENTANGUISHENE

* * * * *

THE QUILL

Volume 4, Number IX

PUBLISHED BY THE PATIENTS

OF THE ONTARIO HOSPITAL

PENETANGUISHENE

April*May, 1965.

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PRINTER: Peter W.

RETROSPECT AND PROSPECT

by Dr. B. A. Boyd

Five years ago this summer, I moved from Hamilton to Penetanguishene. In the spring of 1960 when I was invited to move, I spoke to Dr. McLenehan, who had been Superintendent here in the thirties and forties. He spoke very highly of the place. I had always been interested in forensic psychiatry, and the opportunity for treatment and research programmes in Oak Ridge was very inviting. There was also the challenge of the Regional Hospital's becoming an active community resource for investigation and treatment of all types of psychiatric illnesses with close contact with the Doctors, Public Health Nurses, Childrens Aid, Court and Probation Officers. Since before the war I had been coming to the 30,000 Islands for holidays, and the prospect of living so close was very attractive. We also looked forward to living in a town where the French culture was so prominent. I was fortunate in being able to choose my assistant, and succeeded in getting Dr. McKnight to leave Toronto Forensic Clinic to come to Penetang.

We found an outstanding ward staff of attendants and nurses Aides who took their careers seriously, with a very low staff turnover compared with the big city hospitals. On the other hand, there was a notable shortage of Professional Staff -- Doctors, Social Workers, Psychologists, and Occupational Therapists. It has been difficult to attract these people from the cities, where they think of Penetang as somewhere in the Arctic Circle, in touch with civilization by dog team!

We have seen the establishment in the Regional Hospital of Social Work, Psychology, Recreational and Industrial Therapy Departments, and Occupational Therapy. Active treatment wards have been renovated, and a Beauty Parlour established. Summer medical interns and Recreational Interns have contributed to the programme. Open wards and Ward Councils have added to the patients' self confidence. The admission rate has increased six times in this period; the proportion of voluntary admissions is rising. For two years we ran an active out-patient service, only to close it down due to shortage of staff. For three years we have offered an Affiliate Training Programme in Psychiatric Nursing to Students from the Royal Victoria Hospital, Barrie. These girls have added to our programme, and several have later returned to our staff.

In Oak Ridge, a programme of patient activities has developed involving several activities each evening, including Sing-Songs, AA Group, Bible Class, Catechism, Chess Club, Bridge games, socials with volunteers, dances, and movies. The patients have taken responsibility for their own lives through the Athletic Board and the Patients' Councils. The volunteers have contributed richly to the programme. The numbers involved in off-ward Industrial Therapy have risen to over one hundred, and some money has returned to the workers through sale of birdhouses, feeding stations, picnic tables, park benches, hobbycrafts, and baseballs. In the past three years we have admitted 132 patients a year to Oak Ridge, and discharged the same number. In this period, we have succeeded in discharging five patients found "Not guilty of murder on account of Insanity". These are the first in Oak Ridge history, and all are doing well.

The research team under Dr. McKnight, with the help of Dr. J.W. Mohr of the Forensic Clinic, and our own staff, have been exploring the problems of Oak Ridge patients, particularly the relationship between mental illness and homicide. Staff have represented the Hospital in meetings at Vancouver, Winnipeg, Toronto, Buffalo, Kingston and Montreal.

RETROSPECT AND PROSPECT, cont.

Our patients' newspaper, the "Quill", has now been published for four years, and has interpreted the problems of the Hospital to a wide public, as well as serving patients and staff as a news bulletin.

Many visitors have toured the Hospital, from as far away as Denmark and Siam; each of the last two years, 1700 of the public have toured at Open House. The Press has interpreted the Hospital to the public, and I would particularly like to thank Vern Farrow of the Midland Free Press, Joan Hollobin of the Globe and Mail, and Leonard Bertin of the Star for their articles. The recent publicity over one of our patients has, I fear, given the public by implication a very false and unfavourable image of our programme.

Oak Ridge is a 300 bed maximum security Mental Hospital. Half of the patients have been transferred from other Ontario Hospitals because they have been considered a security risk. The other half have come from the Courts, Reformatories, or Penitentiary because they have been considered mentally ill. It is fifteen years since the last patient left without permission. Some are here on remand for investigation, some were found unfit to stand trial, some "not guilty by reason of insanity", and some were declared sick while serving sentence.

Those transferred from other hospitals can be released or transferred to another hospital as soon as the security risk is passed. Those with charges must return to Court unless the charges are dropped. Those from Reformatories or Penitentiary must return to finish sentence if they recover in time, or may be kept beyond the termination of sentence if necessary. The group found "not guilty by reason of insanity" have been the most difficult to release. Thus far, a hearing before the Chief Justice of Ontario has been necessary before release from the Lieutenant-Governor's Warrant has been possible. Five such cases have been released.

In cases where a family disagrees with our decision to hold a patient, they have recourse to a Court, where a thorough investigation is held. Where our own staff is in doubt, it has been the practice to call in an outside Board of senior psychiatrists, and the family is at liberty to have their own psychiatrists examine the patient.

I am sure that patients realize that if a former patient committed a serious crime, public opinion would force us to be much more cautious in releasing further patients. If a serious incident or an attempt to break out occurred within the hospital, we would have to restrict many of the present limited privileges, including the volunteer programmes. The patients themselves are beginning to take an increased responsibility in this regard. Two years ago, one ward council showed sufficient sense of responsibility to vote that if there were an offensive weapon on the ward, they would feel it their responsibility to confiscate it, or report it to the staff and give any necessary aid. Another ward council voted that they would intervene only to save the life of a student nurse or a Volunteer! Many of our patients have a background of prison culture, with its wheels, screws, and stool pigeons, and we have a major task in re-educating these people that authority is not necessarily hostile, and that they have an obligation to support society's rules.

In our eight wards, each with thirty eight single rooms, and a day room, patients privileges are geared to their behaviour. Those who can adjust are allowed the use of the dayroom, to go to the dining room, and to take part in offward recreational and industrial therapy. Those who cannot adjust to these privileges lose them, and may even be confined

RETROSPECT AND PROSPECT, cont.

to their own rooms with only an untearable blanket. Physical Methods of treatment are not lacking -- electro-shock, tranquillizers, and energizers. We have made only a beginning in the use of individual and group therapy. When the professional ward administrator feels that a patients case should be reviewed, he brings it up to them conference, where it is decided what treatment programme is best, and whether it is time for release. When I first came, I tried to make rounds through the wards by myself each day, but decided that my time could be better spent on behalf of the patients in administration, recruiting staff, public relations, and attending conferences.

When I pause to consider what the next five years should bring, I see even greater challenges for everyone ahead. We have started this year a building programme to replace the obsolete accommodation built one hundred years ago as a Boys' Reformatory. Farming is no longer a very theraputic activity for patients, most of whom will be rehabilitated to city life. Our cows and pigs have gone, and our barns are about to be demolished. In their place will shortly rise two one 100 bed apartment houses. Patients will have single or double rooms, much as they would back in the community. Each group of ten patients will share toilet facilities and a living room. Each block of forty or sixty patients will share a dining room and activity room. These buildings will have a magnificent view of Georgian Bay and the 30,000 Islands. Most patients should leave their apartments each day to take part in Industrial and Recreational therapy. In this way, many will be trained to live happy and useful lives in the community. This should enable us to tear down our obsolete "Cottages" and replace them with attractive gardens.

The next step is to build an active treatment hospital (about 200 beds) to the North of our main building, to included facilities for admissions, active treatment, infirmaries, continuing treatment, clinical services, and food services. There should also be a new engineering plant and stores. Then the old building will be renovated for patient activities, administration, and training school.

When Oak Ridge was built, it was thought that most patients would be cared for in their rooms or on the wards. Now most patients leave their wards daily for Industrial Therapy, Recreational Therapy, Group Therapy, School, and other programs. We are very short of facilities for these activities, and need also more space for visiting, offices, recreation and sports. Plans are under consideration for adding an auditorium, gymnasium, meeting rooms, and offices.

Penetang still has a lower staff-patient ratio than the average Ontario Hospital, in spite of heavy staffing at Oak Ridge. We hope to increase our staff by twenty to forty this year. The great increase of off ward activities at Oak Ridge has been accomplished with no increase in Ward staff and it has been necessary at times to lock up part of the building during activities. A slight increase in afternoon staff should correct this. It should also allow for increase activities on weekends, which are now rather dull. In the shop, we are getting closer to the goal of 100 patients employed, and are making some headway in remuneration for patients who are working. In the Regional Hospital, both Ward staff and activity staff are below desirable levels. We are hoping to start an Occupational Therapy Dept. in Oak Ridge, and to welcome four new psychiatrists this summer. We hope to build up our departments---continued.

RETROSPECT AND PROSPECT, cont.

of Psychology, Social Work, and Staff Education: It may be possible to increase the number of affiliating students, and to re-establish volunteers for the Regional Hospital. We hope to re-open our out-patient services, and improve our liaison with community doctors, Public Health Nurses, Childrens' Aid Society, Probation Officers, and Courts. We hope to expand our research investigations in Forensic Psychiatry.

With more Instructresses, we hope to see an intensified programme of Ward Staff education to improve skills in interpersonal relations, remotivation, group therapy, and ward councils. We hope to see the patients taking more responsibility for the management of their own lives, and for the Hospital Programmes. We have a great many patients who should be able to be trained to live happy and useful lives in the community.

There is no reason why the Ontario Hospital, Penetanguishane, cannot become a showcase in North America, attracting visitors from all Provinces and States to see how an efficient programme can be operated.

B.A. Boyd, M.D. ...
Superintendent.

* * * * *

THE LIBRARY

The library plays an important part in the life of the Hospital. With nearly all grades of education, interests; and vocations represented in the patient population, the library is called on to keep the patients supplied with interesting books. This is a demanding task, and, one would think, an almost impossible one. However, the patients are quite well looked after in this respect. On the bookshelves one may find books by authors from Chaucer to Zane Grey. The categories of books held by the library are as follows: fiction, science, science fiction, mysteries, histories, autobiographies, engineering, Westerns, Sports, music, and poetry.

The library is split into three main divisions. The County section consists of books loaned to the library by the Simcoe County Co-operative. These loans have been taking place since 1962. The Hospital sections comprise books owned by the Hospital, and given to the library for the use of patients; and then there is the paperback section, which are mainly donations from the patients themselves. On the shelves, a person may find something of interest. It is to be hoped that the library will be able to keep on growing as rapidly in the future as it has in the past.

It is hoped to expand the library yet further. This summer will see the start of a Music Library, as a separate division of the existing library. Records are being obtained, and it is hoped that enough will be made available to make this venture worthwhile. We hope to be able to cater to all types of musical tastes. At the moment we have only a collection of popular music; however, as time goes on, it is hoped that Classical recordings will be made available.

Well, that completes this little effort on behalf of the library board. It is to be hoped that, as you inspect the library, you will like what you see, and if you feel that you have some books or recordings that you would like to donate, please contact the hospital.

Peter W.

* * * * *

TO THE VISITORS..... FROM THE EDITOR

The Quill is the house magazine of the Ontario Hospital. It is produced here in Oak Ridge each month, and we usually turn out three hundred copies of about thirty pages. This month the Quill is bigger, and it talks about Oak Ridge a lot more than it is accustomed to. Normally, there are articles about current events, science, music, the last Oak Ridge dance, what the members of staff are doing, and so on. But this month, Mental Health week is being celebrated, and we are having our Open House. We expect that a couple of thousand visitors will pass through the institution. This is a lot of visitors, and the scope of the Quill is correspondingly ambitious. We shall be trying to give you, however incompletely, a picture of an institution that is unique in Canada -- a maximum security mental hospital. To assemble this picture we have used contributions from the professional staff, the attendant staff, and the patients. Usually, the Quill is written exclusively by patients, but this month, articles by the staff are not out of line, for what you will be seeing as you walk around is a whole hospital community, a therapeutic community... a unit of patients, doctors, social workers and attendants.

You will be walking around Oak Ridge and seeing the wards, the workshops, the dining halls, and some of the patients. And to a certain extent, you will see what you came to see. Some of you will have been expecting a corner of purgatory with babbling idiots and sinister, silent menaces lurking in the corners. Others will have expected a utopia of progressiveness, with clean, happy faces, and jolly smiles all around. Oak Ridge is neither of these extremes and there are excellent reasons why not. We hope that you will find some of these reasons in the pages that follow.

As you go around, you will see the physical structure of the building. You will be told a little about it, and you may even stop and talk to some of the patients. But an institution is much more than the walls that enclose it. It is its history, its present, and its future. It is the way its patients and staff feel, it is the aims they have. It is much more than you can apprehend in an hours walk. But we hope that you will learn something about the aims and hopes of Oak Ridge in this Quill.

Of course a relevant question at this point might be "Well, why should we bother about what Oak Ridge hopes?" We hope that you wouldn't ask the question after seeing the place, but there is a good chance that you may have previously asked it, in one way or another, about Oak Ridge or any Mental Hospital. The answer is a simple one. It's here, that's why you should bother. In the past mental illness was something that people made jokes about or hurriedly forgot and smoothed over, like the inadvertant belch at the dinner table. If one of your family was in "one of those places" you never told the children, and forgot about it when you filled in job applications. However, things have been changing in the last few years. People are beginning to see that you are just as liable to suffer from schizophrenia as you are to break a leg. In the latter case, the causes are much less complex, and the results are much less damaging to the individual and to society. But morally there is not much difference. People are also beginning to realize that mental illness is becoming more and more widespread. This is not the place for scary statistics, but they certainly exist. The seriousness and prevalence of mental illness should make us just as prepared to be concerned about it as about broken legs, But are we?

MESSAGE FROM THE EDITOR, cont.

If an acquaintance of yours came to your house and said that he had been in Hospital and had a broken leg fixed, you would ask him in and be all solicitude. If he said that he had just been cured of a psychosis, what would you feel and do? Well, think about it!

Although attitudes towards mental illness are undergoing rapid changes, there still exists a large enough amount of public prejudice to slow down expenditure on mental hospitals, to slow down the release of controversial cases, and to make the re-assimilation of patients into society quite difficult. When the patient leaves behind the gates and bars of Oak Ridge, he is not done with restraints and limits. He has got to find a job and settle down somewhere. It may well be that he will have to convince people that he is really just an ordinary fellow. That should not be necessary! But it often is.

Here at Oak Ridge, a small and grossly overworked professional staff are curing and rehabilitating a large number of cases that ten years ago would have been locked up and forgotten. (Many of them were.) But more staff and facilities are needed. And, for this, (here it comes), money is necessary. Not charity money in little boxes and envelopes, although this certainly helps, but government money. Yet the politicians say that until public interest warrants it, they may not spend more money on Mental Health. Public approval must precede public action. So it is up to you, the public.

"Ah, yes, but," you may say. "The patients at Oak Ridge seem to be quite comfortable. They have three good meals a day, radios, TVs, books, expensive machinery in the shops. Is this so terrible? They seem to be treated quite well." This is true. But they are not happy, healthy, or free. All the creature comforts in the world do not compensate for the lack of these things. If a friend of yours had to stay in the Toronto General Hospital because there were no techniques or doctors available to cure his stomach ulcer, you might well start asking questions. Well, there are many, many patients in Oak Ridge who might now be free if there were more psychiatrists to give attention to them. Recently, Oak Ridge had only the part-time services of one psychiatrist. For 300 men. Now it has the full time services of one psychiatrist. For 300 men.

But that is only one side of the picture. In the last five years, progress at Oak Ridge has been rapid. At one time, patients came and stayed, well and truly locked up in a grim custodial setting. Nowadays, nearly all of us have a hope of release at some time. Formerly, the patients just sat and waited, for nothing. Now, as you will read in the pages that follow, we have very generous Industrial Therapy facilities, volunteer programmes, movies, High School, a library. All this we owe indirectly to you, the public, and we are grateful for it. But still there is much room for improvement, and improvements depend ultimately upon you, the public. It is your interest and your understanding that ultimately determine the fate of the patient here.

Various reasons — for none of which they can be condemned — have dictated that the patients in Oak Ridge had to leave society. The road back to mental health can be a long and stony one. How difficult it is for the patient to travel is in the long run affected by the truth and impartiality of your ideas about Mental illness.

Just by visiting Oak Ridge, you have shown your willingness to understand. And for that, every patient here is grateful. Many thanks.

OAK RIDGE HIGH SCHOOL

When Dr. C.K. McKnight joined the professional staff at this hospital in the spring of 1960, he became favourably impressed with the capability and rapidity with which a number of patients were progressing in their respective correspondence courses. The interest that they showed in their studies made him feel that they should be given all the assistance and encouragement that he and the other members of the staff could provide. To this end, he immediately began to organize an educational programme for Oak Ridge patients.

With the notorious reputation that the patients at the maximum security section of the hospital had at the time, it is surprising that he was able to find a qualified teacher willing to take the "risk" of teaching here. But he did find one, and a good one at that: Mr. J.J. Robins, a retired principal of Midland High School.

At the earliest convenience, Dr. McKnight made arrangements for the teacher to meet his prospective students. A few days later, school was officially opened. The date: November, 1960. Since then Mr. Robins has assiduously conducted classes in the general visiting room at Oak Ridge. As a rule, he opens his class punctually at 9.00 a.m. on the Tuesday, Thursday, and Saturday of every week. Classes last about two hours. As most of the students are enrolled either with the Correspondence Courses Branch of the Department of Education or with the education branch of the Department of Veterans' Affairs, they study individually: that is, one student might be studying grade 9 English while another might be studying Grade 12 mathematics or any of the other subjects included in regular secondary school courses, as well as some technical or commercial courses.

During the five years that Mr. Robbins has been coming here, he has taught to an aggregate of over thirty patients. Out of the original class of 1960 -- a class made up of six capital cases -- only two remain. The rest have since been released to take their place in society. At present, the number of people attending classes varies from two to eight.

Lately, it appears that enthusiasm for studies on the part of some students has diminished considerably, but that doesn't change the teacher's attitude. He is still as eager to help and encourage the boys as he was the first time he held class here. Should one of the boys not feel like studying, all he has to do to break the monotony is to open a conversation with Mr. Robbins. He likes to listen, and he likes to talk. He'll even pantomime the Beatles, if the conversation turns that way. "Yeah Yeah Yeah." He'll sing with the groan and swing of a real beatle.

All those who have attended his classes will agree with me, I'm sure, when I say that Mr. Robbins always has and still is doing a great job here. On behalf of all the Oak Ridge students, I say: thank you very much, Mr. Robbins.

In conclusion, I should like to let the teacher tell you what he thinks of the Oak Ridge students: "When I first visited Oak Ridge prior to taking any classes with the patients, I was agreeably surprised by their courteous manner, and their genuine desire to improve themselves by further study. Since that time, almost five years ago, many of those in attendance at classes have proven that any effort to help them has been worth while. The patients concerned have expressed

OAK RIDGE HIGH SCHOOL, continued.

their appreciation of receiving assistance. In addition, in my opinion, they have made such progress as should be of great value to them if and when the time of release and rehabilitation becomes a reality!

"I have found the time spent with these young men to be an interesting experience, and I trust it has been of considerable value to all concerned." (J.J. Robins)

Roland P.

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ONTARIO HOSPITAL TO PAY TRIBUTE TO VOLUNTEERS

Throughout the past year, the patients of this hospital have received freely of the generosity of the Volunteer services, and as can be understood, it occasionally becomes cause for embarrassment. Because we are always on the receiving end, we try to show our appreciation, as in the past, in the form of an appreciation banquet.

Annually the patients and staff of the hospital pay tribute and give thanks to all the Volunteer Services and individuals who have selflessly rendered their time and services for our enjoyment. This is their night, when all of them gather here to reap a meagre reward in comparison with what their efforts bring us each week throughout the year. In the past years we have met with great success, and we only hope that it will be just as successful, if not more so, this year. We are usually honoured with a notable guest, such as the Hon. Dr M.B. Dymond, who last year spoke of sincere appreciation for all the efforts of the Volunteers, and once again stressed the importance of Community Volunteer services. The atmosphere is informal, warm, and friendly; patients, staff, and the honoured ones mingle freely, to enjoy the perfect finale of a very beneficial and enjoyable year. The value of the volunteer services cannot be overrated, and so with an allout effort the hospital tries its utmost to show its appreciation and gratitude by presenting the Annual Appreciation Banquet.

I might add that anyone interested in assisting these people in their charitable efforts may contact the social work department of this hospital, or the local White Cross Chapter.

Eric Y.

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ACKNOWLEDGEMENT AND DEADLINE.

The Editor wishes to thank all those who have contributed to the making of this Open House Edition, all those who have given their time and enthusiasm to write articles, type stencils, turn duplicator handles, and assemble copies. Their assistance was indispensable.

Some have contributed articles that were not included. This is no reflection on the quality of their contributions. This edition is a large one, and it was simply not feasible to make it any larger. But articles that were not published here will be included in the June issue.

Which brings us to the fact that the DEADLINE FOR THE JUNE "QUILL" IS FRIDAY, JUNE 18th. Keep sending in your articles. They are looked forward to and appreciated by a very wide audience.

* * * * *

THERAPY IN A HOSPITAL FOR THE "CRIMINALLY INSANE"

The Ontario Hospital, Penetanguishene, is a seven hundred bed Provincial hospital operated by the Department of Health of Ontario. Four hundred of the beds serve as an area mental hospital for the surrounding community. In a separate and somewhat detached building is the 304 bed security unit which is not uncommonly referred to as the "Hospital for the Criminally Insane". However, as will be pointed out below, there is much that is inaccurate about such a name; for instance, less than half the patients have a criminal charge against them. Perhaps, more than is the case with other mental hospitals, many misconceptions have arisen about Penetanguishene. Some of the more common of these are: that the whole institution is a security hospital; that once the doors clang shut behind a patient in the security division, he seldom, if ever, gets out; that the patients are nearly all extremely dangerous, and that the hospital is a custodial setting with little or no active treatment. These misconceptions have led to many unfortunate consequences, including a reluctance on the part of persons to be admitted to the area hospital division, and an increased difficulty in getting (especially professional) staff to work at the hospital. Fortunately this unfavourable image is now gradually being overcome. Before commencing the description of the therapy in the security division, it is helpful to briefly consider the staff and the patient population.

STAFF OF SECURITY DIVISION.

Oak Ridge shares the administrative staff with the rest of the Hospital. That is, the Superintendent, the Assistant Superintendent, and the Business Administrator. The medical staff consists of one psychiatrist working full time in this division, who bears the responsibility for supervising medical treatment on eight wards of thirty eight beds each. He is assisted in this by the social work staff and the Psychologist who act as Ward Administrators. Psychological assessments are carried out by an M.A. psychologist who devotes approximately one half of his time to the security division. A Salvation Army Captain works as the Chaplain, spending four half days a week dealing with religious and personal problems, as well as being of considerable assistance in the rehabilitation of a number of patients, using the rehabilitation and other resources of the Salvation Army. One retired High School Principal has classes in High School, which are augmented by the use of correspondence courses. By virtue of his personality, he makes contributions over and above that of simply giving instruction. A total of 111 men are employed on the attendant staff of this division. During the summer, the medical staff are assisted by five medical interns who are one or two years from graduation. The departments of psychology and social work are similarly augmented during the summer months.

PATIENT POPULATION AND MOVEMENT.

Oak Ridge has an all male population. The average number of patients approximates 290. In the past three years, an average of 132 patients have been admitted annually to Oak Ridge, and the same number have been discharged. The largest group is usually those who have been transferred from other mental hospitals. This group constitutes about 50% of total admissions. The remainder are sent from Court on Warrants of Remand or Warrants of the Lieutenant-Governor, or from Reformatories or Penitentiaries, in Ontario. There are two groups admitted to the security division which perhaps merit special comment. First are those admitted from correctional institutions in Ontario, and second are those persons who have been, or could have been, charged with homicide. ---- cont.

THERAPY IN A HOSPITAL FOR THE "CRIMINALLY INSANE", cont.

PATIENTS REFERRED FROM CORRECTIONAL INSTITUTIONS

Oak Ridge receives 99% of persons certified while in Reformatories or Penitentiary in Ontario. Three-quarters of these are usually under 35 on admission. One third usually come from broken homes. Two thirds are usually unmarried. About one half of this group has usually been admitted to mental hospitals previously, and usually one half are discharged from the Security division within six months of their admission.

THE HOMICIDE GROUP

Over the course of a number of years, Oak Ridge has accumulated in the order of 100 persons who have been, or could have been, charged with murder, or attempted murder. In certain cases, no charge was laid because the person was already a certified mentally ill person, the attack being directed towards another patient, or a member of staff. The majority of these cases that have gone through Court have been found "unfit to stand trial". A lesser number have the court finding of "Not guilty by reason of insanity". A few patients have been certified as mentally ill while awaiting trial, and have as a consequence come directly from Jail. Another small group have been convicted, sentenced, and were subsequently certified as mentally ill in penitentiary and transferred. It can be commented that this group in general participates well in hospital activities, often in a leadership capacity, shows little or no aggression or hostility, and constitutes virtually no management problem. Women who had been found "Not guilty by reason of insanity", often of the killing of their children, have been released following their recovery for some time in Ontario. However, such was not the case with men until 1963, during which three such persons were released from Oak Ridge. In 1965 a further two were released. The release procedure is a somewhat complicated one, with many safeguards including examination by outside psychiatrists, a hearing before the Chief Justice of Ontario, with representatives from the Attorney-General's Department being present, and finally decision by the Lieutenant Governor in Council. As might well be imagined, following the release of these first five patients, there was a very noticeable increase in the morale of the group.

THERAPY: PHYSICAL METHODS OF TREATMENT

ELECTRO-CONVULSIVE THERAPY (SHOCK TREATMENTS)

In the order of 600 electro-convulsive treatments are administered each year. The advent of tranquillizers and anti-depressants have reduced the numbers of such treatments given, as they have in other settings. A course of this form of therapy most frequently involves twenty treatments. About 15-20% of patients receive this form of therapy, which was originated in 1934 by Von Meduna. It is found to be most effective in the treatment of depressions, and a number of other mental states.

PHARMACOTHERAPY (DRUGS)

Prior to the 1950's, the only drugs available for the treatment of the mentally ill were those that had been used for years as sedatives. The first "tranquillizers" appeared in France in 1951. Since then this promising field has expanded considerably. The drugs used naturally reflect the personal experience and preference of the psychiatrist involved.

THERAPY IN A HOSPITAL FOR THE "CRIMINALLY INSANE", cont.

The cost of tranquillizers and anti-depressants for the Oak Ridge Division is in excess of \$13,000 each year. 50% of admissions receive this form of therapy.

BRAIN SURGERY

This procedure was first performed in 1935. It consists in disrupting the nerve fibres between parts of the brain so that stimuli cannot reach the front part of the brain, which is concerned with conscious emotion. It is said that the cutting of these fibres so alters the emotional response that tensions do not accumulate, and abnormal behaviour is no longer necessary. The aim is to disrupt these fibres in such a way that the emotional component of mental illness can be reduced and yet leave sufficient amounts to permit the patients to retain the capacity for productive work, and make a satisfactory adaptation in a social environment. This operation is performed almost exclusively on long term schizophrenic patients who had failed to respond adequately to other forms of physical treatment, and who were constituting a nursing and management problem. Impulsiveness, assaultiveness, destructiveness, combined with an active psychotic process were, in part the criteria used for selection. The results have on the whole been very worthwhile. Presently, however, the operation is not being performed.

OTHER PHYSICAL TREATMENTS

Other physical methods of treatment, such as subcoma insulin, oral and intramuscular vitamins, etc., are used as indicated.

NON-PHYSICAL METHODS OF TREATMENT.-- INDIVIDUAL PSYCHOTHERAPY:

This is used with relatively few selected cases because of the limitations of professional staff time available. As a consequence, this form of treatment is received by persons who appear particularly likely to benefit in a relatively short time. However, some long term cases have been taken on for rather intensive individual therapy.

GROUP PSYCHOTHERAPY:

A number of groups have been in operation over the last three years. Presently two groups are meeting twice each week for a period of about two hours. In both cases, a member of the social work staff is responsible for the group. About 15 patients are involved.

PATIENT GOVERNMENT

Seven out of the eight wards elect at regular intervals a 12 man ward council with a Chairman, Vice-Chairman, and Secretary. On the remaining ward, the chairman is appointed by the staff. These ward councils initially for 1½ to 2 hours each week. At present meetings take place every other week. Although, doubtless, operating as a form of group therapy, the ward councils give, in addition, experience in the art of getting along with others and the art of compromise; they give practice in group decision making and group responsibility; the written minutes of the meetings serve as an effective means of communication to the Ward Supervisor, the Chief Attendant, the Physician in charge, and the Superintendent; they give ready means of examining interpersonal relationships, both patient to staff and patient to patient. Although initially, as one might expect, the Ward Councils went through a "give me" phase. This was replaced by

cont.

THERAPY IN A HOSPITAL FOR THE "CRIMINALLY INSANE", cont.

the acceptance of responsibility for the sanction of individuals whose behaviour was not acceptable, of delegation of responsibility of patient work required in the maintenance of the ward, and of dealing with clashes between patients. Once each two weeks, the Chairmen and Vice Chairmen of all wards get together for a general meeting. An additional effect of the ward councils is that they help to prevent the development of an atmosphere which might become like the prison subculture with its anti-social code. An Athletic Board serves a similar function, but focuses its activities to the organization, scheduling, disciplining, etc., of the Athletic group.

VOLUNTEER PROGRAMME

A total of forty volunteers come regularly into Oak Ridge. They come from two communities, one local, and one thirty miles away. Most of these volunteers are women, although men do participate. They are organized so that there is a volunteer activity every Wednesday evening, lasting from two to three hours. In all approximately two hundred patients participate in the volunteer programmes on a rotating basis. The volunteers have put on a varied programme of entertainment for the patients, in addition to providing personal contact as interested representatives of the community.

ALCOHOLICS ANONYMOUS PROGRAMME

Since 1960, regular weekly meetings of Alcoholics Anonymous have taken place, involving on the average approximately 15 patients, and usually three representatives from various outside AA groups from the surrounding area. This programme is a valued one, and considerable reliance on it takes place in the management of the alcoholic patient.

OTHER PROGRAMMES AND ACTIVITIES

There are thriving Educational and Industrial Therapy Programmes involving about eight and eighty patients respectively. Since 1962, dances have been held every three months involving about fifty Oak Ridge patients, and about 35 women from the community, including student nurses and secretarial staff. Concerts are put on about four times a year by the patients for the staff, their families, outside visitors, and other patients. Attendance at the last Outside Visitors Concert was a record 287. Patients have also taped half hour shows for the local radio station. Bible Classes take place weekly for about 30-40 Protestant patients, and RC catechism classes for a comparable numbers of RC patients. A number of recreational type activities take place that have not previously been mentioned. These include weekly movies of recent production, baseball and hockey competitions with outside teams, chess club tournaments within the hospital and with visiting clubs, and ping-pong, shuffleboard, and bridge competitions within the hospital. The patients produce a monthly newspaper called the "Quill". An editor and editorial board, all patients, are responsible for its content and production.

THERAPEUTIC MILIEU

Every mental hospital endeavours to create an atmosphere, or milieu, which is in itself beneficial to the patients, and which emphasizes the therapeutic relationships formed with all types of staff. In addition to the daily contacts between professional and

THERAPY IN A HOSPITAL FOR THE "CRIMINALLY INSANE". cont.

attendant staff, methods have been used to enhance the therapeutic climate. All new staff receive psychiatrically and psychologically enriched training courses. Second, all patient activities have been shut off one afternoon a week from time to time in order that as many staff as possible are able to attend the staff training films. These films are used as a springboard for a wide-ranging discussion, and it is this discussion which is deemed to be of the greatest value.

CONCLUSION

An attempt has been made to present a brief but inclusive picture of therapy in a Security mental hospital, including comments on patient population, staffing physical and non-physical methods of treatments employed.

C. K. McKnight, B.A., M.D., D. Psych,
Assistant Superintendant.

PATIENT

GOVERNMENT...

Oak Ridge usually has a patient population of close to 300. These men live in very close contact with each other, and in large measure their lives consist of an adjustment to the fact of being confined under what to many of them are novel and unusual circumstances. They must learn to live and work, eat, talk and recreate with other patients from all backgrounds. They must find as much personal freedom and happiness as they can in a limited environment.

Problems arise, of course. Problems of getting along with one another, problems with the attendant staff and with the professional staff. In 1962 it was felt that a common meeting ground between the three components of the community was required, where common problems could be discussed and, hopefully, solved to the satisfaction of all. A system of twelve man ward councils was set in motion, and today seven of the eight wards have these councils. They are elected by the patients of each ward, and meet for a couple of hours each two weeks. A member of the professional staff and an attendant are present at these meetings and contribute freely to the discussion. Also, twice each month, each council sends its Chairman and vice-Chairman to a general meeting to discuss institutional as opposed to ward problems.

Initially the councils went through an acquisitive stage, but they have since then settled into a fairly efficient function of representing patient opinion to patients and staff, and staff opinion to patients. Many small but crucial problems are settled by a rigorously democratic process--which patients will go to the next dance, how much shall wage earning patients donate to a common fund, will the patients object to being confined so that the attendants can go to a dance, how often shall lighter fluid be issued.

The ward councils deal with similar problems on a ward level. Is patient X playing his radio too loudly? Should patient Y wash his socks more frequently for the benefit of his neighbours? Who shall mop the

PATIENT GOVERNMENT, cont.

showers out? To an outsider, many of these considerations may seem to be trifling, but if you will think for a moment about your own domestic disputes, you may conclude that the discussion of trifles is essential after all.

Ward Councils and Chairmen's Council may only make representations and suggestions to the staff, but since these are, in the main, mature and sensible ones, a surprising degree of co-operation exists. The patients are in many cases acutely aware of their position as patients at Oak Ridge. They are aware that they are in a place with the vestiges of a reputation, and are conscious that progress depends almost as much upon them as upon the staff. They know that the opinion of the public could either make or break the institution, push it forward ten years to much greater freedom, or back ten years to the old grim lock-up that it once was. They are told by the daily newspapers about the institution for the "Criminally Insane", and, disliking unpleasant words just as much as anybody else, are doing a creditable job of helping to turn it into a hospital in the eyes of the public, as well as in fact.

A certain amount of opposition to the concept of ward councils came originally from the attendant staff. Some felt that "the patients are going to be telling us what to do next." Well, it never got to that point, and it never will, but after a while the Jeremiahs began to see that the patients' ideas of the way to do some things were not as unacceptable as they had thought they might be. Certainly, it is sometimes necessary for the member of the social work staff present at meetings to intervene with words of restraint, but seeing that even parliaments can go through contortions of reason, this does not discourage the ward councils very much. They perform a useful function. No one is looking for miracles of legislation, just ways of living together more gracefully. And the ward councils are helping to achieve this.

Mike M.

* * * * *

Y E A R N I N G

The cell is big, the light is bright,
In bed, I read all through the night.
Each day is long! I'll sit and wait --
My mind is filled with endless hate!

The Doctor comes and shakes my hand --
But, does he really understand?
The day will come when I'm released
No longer caged up like a beast.

To live again, prosperous and free?
There is no end for a man like me.
To walk alone, and never return --
This is the thing for which I yearn!

Carl B.

* * * * *

ATTENDANT-PATIENT RELATIONSHIP AT OAK RIDGE.

Because of the physical characteristics of the building itself, the role of the attendant at Oak Ridge is more complex and demanding than that played by the attendant in the regular Ontario Hospitals. In addition, the types of patients being treated, observed and cared for have a great deal of bearing on the complexities surrounding the attendant's position at Oak Ridge. The patients at Oak Ridge fall into three general classifications with regard to origin rather than diagnosis. One category of the patients have been referred by the courts, one category have been transferred from Penal or Reform institutions for treatment, and one category have been sent from other Ontario Hospitals as management problems.

Any assessment of attendant-patient relationships at Oak Ridge must necessarily be relative, using as a basis for comparison a Utopian character, whom I shall call the ideal Attendant. There are several important elements in the make-up of this attendant. Bearing in mind that the hospital is a maximum security one, and that the attendant must be conscious of this at all times, still there is much scope for the Ideal Attendant to fulfill the requirement of his role. In the opinion of most professional staff, this is a role most important in the treatment of mental disorders. The Ideal Attendant is a patient forbearing, sympathetic man, who is ever ready to listen to the problems of the patients who are in his care. He is also capable of firmness tempered with kindness; he is required to mediate in the inevitable clashes between patients with impartiality. In short, he is a counsellor, an advisor, a mediator, and in fact the most important link between a patient and his doctor.

Having thus described the basic qualities which go to make up the Ideal Attendant, let us now proceed to an assessment of the Oak Ridge Attendant as compared with this Ideal: Although someone has written that comparisons are odious, it is only through comparison that a true picture of Attendant-Patient relationships can be arrived at. It should be pointed out first that all staff at Oak Ridge have been instructed in the care and treatment of mental patients, staff training films have been shown, and there have been numerous seminars conducted with the professional staff, to which all personnel have been invited.

With the exception of a very small minority, the Oak Ridge attendant staff come remarkably close to the Ideal. This has been evidenced not only in their conduct at work, but also in the numbers of them who have come to Oak Ridge in the afternoons or evenings, on their own time, to play ball, hockey, and so on, with the patients. This provides an amount of entertainment for the patients, and also enriches the relationships that the staff have formed with them. In other cases, where the condition of the patients warrants it, and where the Superintendent has given his approval, some of the Oak Ridge staff have taken patients out for the day, for meals in their homes, to hockey games, for car rides, and so on, thus providing additional help in their rehabilitation and paving the way for their return to society.

As noted above, there are some who fall short of the standards of the rest of the attendant staff. This is inevitable, but still unfortunate. Also unfortunately, it is this minority who are most critical of any attendant who chooses to go out of his way to better the attendant-patient relationship, and to help in the rehabilitation of patients who are in their care...

ATTENDANT - PATIENT RELATIONSHIP AT OAK RIDGE, cont.

It has been remarked in the past that there are a great number of attendants at Oak Ridge who are not as sympathetic to the patients under their charge as they should be. One must bear in mind that when criticisms of this nature are made, in a great number of instances the staff being singled out are not deserving of the charges. Staff working on wards designed for the more disturbed patients must of necessity use certain disciplinary action to ensure the safety of other patients, and of the staff as well. It is to the credit of these attendants that when these patients are moved, as soon as their condition warrants it, to more privileged wards, they are as a rule very co-operative, and not infrequently become exemplary patients.

The majority of the staff at Oak Ridge, realizing that the attendant is the main link between patient and doctor, endeavour to maintain good relationships with the patients under their supervision, so as to further treatment and hasten rehabilitation. They also attempt to keep the doctor posted as to all phases of the patient's illness, by intelligent and accurate assessments of his progress, duly reported through the ward supervisor.

Patients frequently consult the attendant when beset with problems, and it is a sign of good patient-staff relationships when this does occur. It indicates that the patient has come to trust and respect the staff member. This respect and trust the attendant in his turn has earned by patient and sympathetic understanding, by his impartiality, and, in short, by endeavouring to be the Ideal Attendant.

Most of the 111 attendants employed at Oak Ridge work on the eight wards in a three shift rotation. Generally, each ward is staffed by the same attendants. This gives a sense of continuity in the relations between patients and staff. The patients become used to their attendants, and the attendants gain an intimate knowledge of the patients. A majority of the attendants have had from 10-25 years service in the institution.

However, a number of the attendant staff work in a somewhat specialized situation in the Industrial Therapy Department. Patients are employed there five days a week, six hours a day, performing a wide range of tasks with fairly complex machinery. Accordingly the range of demands on the patience, sympathy, and intelligence of the staff there is somewhat wider than elsewhere in the institution. Patients are in continuous need of instruction and assistance. There are tools to be accounted for, materials to be issued, and fingers to be kept out of planer blades. Requisitions from all over the hospital have to be met with the available work force, and, most important of all, the needs of the individual patient have to be reconciled within this framework. The aim of the Industrial Therapy Staff is a simple one: to give the patient a place where he can feel at home, profitably occupied. The means to this end is also a simple one: trust. The patient is trusted to handle all kinds of potentially dangerous tools, to do the works he wants to do individually or in a group, in conditions of considerable liberty. In the large Carpentry, sewing, and finishing branch, for example, three attendants supervise sixty patients under conditions of far greater freedom of movement and activity than on the wards.

ATTENDANT * PATIENT RELATIONSHIP AT OAK RIDGE, cont.

It is a tribute to the reliability of these methods that there has not been one serious "incident" in the Industrial Therapy Dept. in sixteen years, and only a few minor scuffles. The supervisor gives the reason for this quite simply: "If you treat the men like men and not like "patients", they will mostly act like men."

And this is true all over the institution. Its smooth running depends almost completely on the quality of the day-to-day contacts between patient and attendant staff. A Former psychiatric director of Oak Ridge had this to say about the attendants: "The attendants belong to what I call the "non-professional profession". I consider that I have learned a great deal about the practical aspects of patient behaviour and management from the attendant staff with which I have had the pleasure to work at Oak Ridge. The more senior of the attendant staff have shown the utmost co-operation in accepting and implementing changes which might have appeared to them to be radical alterations in the established routine. The younger attendants have brought to their chosen "profession" an interest and vigour which is refreshing."

By a member of the attendant
staff, Oak Ridge Division.

OAK RIDGE SING - SONGS.

Our sing-song here at Oak Ridge is held regularly on Tuesday evenings from 6 p.m. to 7.30 p.m. An average of about 105 patients attend. The student nurses from the Main Building are our guests each time, along with Mrs. Webster, who so graciously gives of her time each week to be with us and play the piano.

The programme commences with two door prizes of cigarettes being given to the holders of the lucky tickets, which are distributed at the door as the patients enter the chapel. Everyone then joins in the singing. Each song in the song book is numbered, and the patients call out the number they want to sing to the M.C., who then leads the song. Halfway through the singsong there is a brief intermission which enables the patients wishing to sing solo or in a group to give their names to the M.C. This individual singing has been a tremendous help to many patients, helping them in many ways, towards regaining their self-confidence. The student nurses also take part, by singing in a group. Mrs. Webster also plays upon the piano on request.

The orchestration for our sing-song is supplied by two electric guitars, a bass, which the patients made for themselves, and of course Mrs. Webster on the piano.

For the past four years our sing-songs have given much enjoyment to all, and we are all looking forward to even greater enjoyment in the future. To all the student nurses we extend our sincere thanks and gratitude for all that they have done to help make our sing-songs pleasant. To Mrs. Webster, we offer our heartfelt thanks for neverfailing willingness to do all that she can to make our evenings together more memorable. With her talent at the piano, her pleasing personality and ever present smile, she is an inspiration to each and everyone of us here at Oak Ridge; and we all hope that we will be blessed with her presence for many years to come..

RELIGIOUS ACTIVITIES

SERVICES, COUNSELLING, REHABILITATION

A Protestant Chaplain at Oak Ridge is primarily interested in the spiritual wholeness of the individual, which interest includes Religious services, Bible Class instruction, and spiritual counselling, all related to the purpose of providing a strong support for those who are overwhelmed by mental illness, or the stress of inadequacy in personal relationships, thus enabling the patient to cope with his spiritual and emotional problems so as to come to a healthy relationship with God.

As a Salvation Army Officer, my interests and work, while covering the previously mentioned areas, also include family relations, marriage counselling, and rehabilitation, as well as writing letters to loved ones who have allowed the destructive forces of ignorance concerning mental illness to colour their thinking, and consequently withdraw their moral support from those who have little to cling to for stability or hope, in many cases. It can be seen that any clergyman involved in an institution such as Oak Ridge has many functions, and his work plays a significant role in the mature growth and development of those who are entrusted to his spiritual guidance.

Here at Oak Ridge, much has been done in the past several years to provide facilities for the spiritual needs of the patients. Over the years, Protestant ministers have visited the hospital on the Sundays allotted to them for religious denominational services, at which time personal contacts were made by the minister among those who evidenced a desire to be visited by the clergy of their denomination. It has been recognized that members of the clergy are extremely busy people, whose wide range of responsibilities and demands of their congregations are such that of necessity, their visits to the hospital are not as frequent as they could wish. Consequently, a part-time Chaplaincy was established in the early months of 1962, Capt. Johnston being appointed to the post. This appointment met a great need, and to date has been quite successful. Several areas need to be re-examined, however, as regards a greater degree of cohesion among participating members of Volunteer groups, but, all points considered, a satisfactory empathy is generated between patients, volunteer groups, and staff.

Some time ago, Miss Magnus, recently deceased, had begun an elementary school programme, which has been of tremendous value. In addition, a weekly Bible Class was established, meeting on Monday evenings, which has been of inestimable worth, and has been carried on with considerable success in providing spiritual guidance and Bible instruction to interested patients. At the moment, approximately 27 patients attend. Visiting guest speakers, ministers and experienced laymen, are invited to the meetings. Much good has come of this particular phase of religious activity at Oak Ridge, and we have great anticipation for the future. A Friday night Bible Study Group has been in existence for several years now, and is also the outcome of the devoted work of Miss Magnus. At present the group is fairly small, but interest runs high, and every indication points to the possibility that other patients will become interested in this study. Bible Correspondence Courses are made available to patients from any number of sources. Patients, on their own initiative, have written to various sources for Bible Study materials, after clearing the request through the proper channels.

RELIGIOUS ACTIVITIES, cont.

The Salvation Army Bible study courses are available to all, and have been developed over a period of many years to meet the needs of those within hospitals of this nature, as well as correctional institutions.

Sunday services are conducted weekly by members of the clergy. These ministers, with the exception of myself, are regarded as volunteer chaplains, and as such are official representatives of their denomination. If a patient desires to see one of them, he is referred to them, and visits are planned accordingly.

It must be said that proselytism has no place in the work of a Hospital Chaplain. Church denomination or religious dogma must give way to individual needs. Always the question must be asked, "How can I help this man within the framework of his religious experience, be it any branch of Christianity or Judaism?" It is therefore my responsibility as Chaplain to understand something of the background, teaching, and doctrine of the various branches of Christianity. Ideally it is the Chaplains purpose to interview every new patient within two weeks after his admittance, thus providing a friendly, supportive relationship which will assist the patient in settling more easily into his new environment. This is most important, since the experience of entering a maximum security hospital is most unsettling, and can create much confusion and apprehension in the patient.

Quite often I receive letters from the patient's minister or family, concerning the patients transfer or admittance. On many occasions, I have received mail from Salvation Army Chaplains, in the case of a patient being transferred from jail, reformatory or penitentiary, who have made an initial contact, and who have been requested by the family to advise me of the patients transfer or well being, and perhaps the family situation, which will enable me to continue the spiritual contacts already made, and assist in understanding his needs and problems.

The Chaplain, as a member of staff, is also included in the conferences that are held frequently during the week; he is frequently consulted regarding the patients release and rehabilitation. It is important to remember, however, that a chaplain is not a doctor, a psychiatrist, or a psychologist, and therefore cannot give an opinion from a medical standpoint as regards the patients progress. This means, of course, that a Chaplain is not able to express to questioning relatives and friends the course of treatments, diagnosis, or disposition of legal involvements which fall outside the perimeter of his responsibilities.

Prayer plays an important part in the chaplain-patient relationship, for here the patient can be led from self-centeredness into a personal contact with his creator. Here is found the source of understanding, here is found the place of quietness and confidence, leading one to depend upon Another for strenght.

It folows that a Chaplain becomes interested in rehabilitation, which covers a wide area of interest. Perhaps it might be broken down into two sections, for our purpose: 1. Pastoral Counselling, as distinct from Psychotherapy. This deals with the affirmation of the firm Christian faith in the goodness of God, that helps us to bear trouble, adversities, and the buffets of fortune. This faith enables us to have standards and ideals to live by, as well as power and strenght to attain them, forgiveness

RELIGIOUS ACTIVITIES, cont.

when we stumble, and encouragement to rise up and try again." (Dr. F. Nichols, New Toronto.) 2. SOCIAL COUNSELLING, as a tangible contribution to the patient's rehabilitation. Here, the Chaplain seeks, by religious counselling, to explore the patient's experience, helping to open the door of insight, and eventually, healing, within the context of religious experience. He will deal with problems having their beginning in the patient's spiritual or religious observances. As well, he will attempt to guide the patient into a healthy understanding of religious experience, guilt, and moral values, all affecting his relationship with God.

SOCIAL COUNSELLING: It is the chaplain, many times, to whom patients turn for assistance in family matters, such as the welfare of the family, ill-health of any of its members, problems arising out of the breadwinner's being removed from the family, with the resulting stress on the mother, who many times reaches the point of desperation because of performing a dual role under a great handicap. Often, a letter to the family minister or local Salvation Army Officer will provide moral and spiritual support, material help, and guidance in financial matters. If the strain of being separated has its effect on the patient, how much more does the separation have in the family, sometimes to such an extent that there is a grave danger of a family breakup. It is here that the Chaplain, along with the local pastor, friends, and municipal agencies, has an important part to play in assisting families to cope with ordinary problems that have been allowed to blossom into almost impossible situations.

Much time is spent in writing letters to wives, families, and interested pastors, who are concerned enough to enquire as to the part that they can play in encouraging their son, brother, or church member. Information of a personal or medical nature can only be given on the advice of the responsible doctor, or the Superintendent. Members of the family can help if they continue to fulfil such needs as friendship, acceptance of the problem facing the patient; forgiveness, if any be needed, and a willingness to co-operate fully with the doctor's suggestions.

REHABILITATION: When one speaks of rehabilitation, some are apt to think only of finding a job, and becoming a wage earner. For our purposes, rehabilitation can be broken down into: 1. The actual placing of a patient in a community, and helping him to adjust to the environment; and 2. Finding a suitable job.

When a patient is considered to have reached a state of well-being, sufficient to enable him to be returned to his home or another suitable locality, the job has in fact just started. There are many helpful individuals or groups who stand ready to assist in making the transition from institutional life to civilian life as painless and as happy an occasion as possible. This help is greatly appreciated. Without the many volunteer groups who give willingly of their time and interest our task would be much more difficult. To those persons who give unstintingly of their time and interest in this way, we say a sincere "thank you". The Social Work Department at Penetanguishene is a group of dedicated people who have the interests of the patients at heart. No problem is too small for their interest, and it can be said that they work willingly, putting in many long hours to rehabilitate the patients at Oak Ridge. Their story can be told on another occasion, and it would be of great interest to all.

RELIGIOUS ACTIVITIES, cont.

For our purposes, I will consider briefly the rehabilitation programme of the Salvation Army, of which I am a member. Consequently I am more conversant with its operations as they affect Oak Ridge. When a patient leaves Oak Ridge, it is only the first step on what might be a long journey towards becoming again an accepted and valued member of society. In this regard, the Salvation Army, like other religious bodies, has provided centers of rehabilitation. Thus a man is led in easy steps from being completely dependant, and guided by rules and regulations necessarily formed for the smooth operation of an institution which involves several hundred men, to that of being reasonably self-sufficient, in an interpersonal relationship with peer groups.

In Toronto, as throughout North America, there is spread a chain of rehabilitation centres, hostels, and Harbour light centres, providing the man who has lost a grip on himself with the means of becoming capable of functioning as a self-supporting citizen, and also providing the opportunity of regaining a considerable measure of self-mastery. It is in these centres that the moral and spiritual principles of conduct and habits of industry will be required, which will enable him to take his rightful place in society. There are 33 centres in Canada, all dedicated to lifting up the fallen and helping them to regain their self-respect, starting them on the pathway of hope. The Harbour Light has a programme designed to assist those who have an alcoholic problem in coming to grips with it, and assisting with close follow-up which will help the alcoholic to fit into a life of society.

The Rehabilitation centres provide meals and room for men and an opportunity to work within the confines of the centre until confidence is restored within the individual. As a man becomes accustomed to working under supervision again, a suitable job opening is found, or assistance is given to locate elsewhere. Many times, men who have been through such training assume responsible positions once again, and are held in high regard by their employers. Professional and business men are counted among those rehabilitated. It is to their credit that they lend a helping hand to others who are trying sincerely to make a new life for themselves.

A labour bureau has been set up at the Sherbourne street Hostel which assists in locating odd jobs, as well as full time employment. In 1964, 15,282 persons received help and 18,922 jobs were found by the various centres. In addition, Corps Officers, Ministers, and interested friends across Canada stand ready to assist during crisis periods.

The rehabilitation programme offers immediate help to the man with a problem. Under wise counselling, he is given a chance to demonstrate his own initiative in overcoming his own handicaps. The employment opportunities offered him while in a centre is regarded as work therapy treatment, and is contributory to the rehabilitation of the whole man.

The programme goes further than a new start. It includes a definite Christian experience which leads, to new spiritual patterns, new moral standards, as well as new work habits and skills. It includes all that and more. In its practical application, it is thoroughly thoughtful, organized in a constructive manner, focussed on the individual man, according to his individual needs.

Captain . G. Clayton S.A.
Chaplain, Oak Ridge.

Miss ANNA B. MAGNUS

Back in 1960, patients of Oak Ridge were quite unused to seeing ladies entering this hospital with any regularity. Even relatives of the patients were not seen with anything near the frequency we have become accustomed to in the past few years. Consequently, when a very neat and cheery person, with a freindly smile and greeting for all, began to enter the gates daily, interest and curiosity were evident on all sides. Who was this lady? What was her business and purpose in coming to Oak Ridge? The gracious and charming pioneer, as she turned out to be, was not in any sense a mystery women. She was readily identified as Miss Anna B. Magnus, widely known and respected throughout this Georgian Bay district. We soon learned that her lifetime vocation had been school teaching; also that many of our staff were in fact one-time pupils of this alert and intrepid soul. Her very active and vigorous deportment possibly did not lend any support to that fact. Very hard it was to believe that her years were more than three score and ten.

Facts gathered tell that she was retired after more than 45 years of active teaching at schools. She took what could have been her final bow to public service in 1955, when she retired as Principal of the Penetang Protestant Seperate School, having taught there continously from 1921, with the exception of the year 1935. That year she spent over in Scotland as an exchange teacher. Also somewhere along the line, she taught for periods at Orrillia and Sault Ste. Marie.

At the 38th. Annual Dinner of the Federation of Women Teachers Associations, (17,000 members), held at the Royal York Hotel in Toronto, she received the highest award, of "Honorary Membership", also words of high commendation from Miss Eva Walker, the President of that Association. At another period in her career, she was the honored recipient of the Canadian Red Cross Medal bestowed by her Majesty the Queen.

These recognitions abided well with Miss Magnus, insomuch that at all times she never showed any particular concern for recognitions, just a strong and simple faith in God, coupled with a fervent desire to save all men through Jesus Christ our Saviour. She dedicated her wholehearted existence to the worship of Jesus, and the furthering of his Gospel. Blessed with the love and peace that surpasseth all understanding, she spread the same wherever she went, winning respectful friendship, and love in the name of Jesus Christ.

As is to be understood, the forgoing is merely a glimpse of the career of our beloved Miss Magnus. Much could be written, and any praise offered to her is an understatement. This then was the gracious visitor of 1960, who pioneered to a degree the present Volunteer movement of Oak Ridge. She was the first, and she volunteered to teach Elementary education here; and, as you know, she did this as long as possible. Weather, fair or foul, made no difference to her. School day was to her a must, and many times I've seen her briskly walking to Oak Ridge in worse than unpleasant weather. Inspired as she was, Miss Magnus never entertained any qualms about the kind of men she might encounter here, nor any thoughts of failure in her mission. To her, Oak Ridge was simply a Hospital filled with people whom she could reach and help. Her acceptance here, as a respected friend to all, was complete and rapid; few passed by without a smile and a greeting. Many aptients benefited from attending her school classes, and in 1961 her strong Christian influence

MISS ANNA B. MAGNUS, cont.

brought about the founding of the Oak Ridge Bible Class. Very few are left here now who were members at that humble dedication, but very numerous are the ones who have attended the weekly Monday evening class and since travelled to other areas.

Now that Miss Magnus has left us for her heavenly abode and assuredly greater glories, we of Oak Ridge wish to thank God for the visitations and blessings of Miss Magnus upon this hospital. Her courage and faith dimmed not one iota throughout her lengthy illness which extended back to December 5th. 1963, with grave major surgery and frequent hospitalization, both in Toronto and in Midland. Knowledge of her Bible and constant prayer on behalf of others was her continued support. In her final hours of consciousness on Thursday, March 25th, 1965, no longer strong enough to read her Bible, she made reference to Malachi 3:10, uttering devout words to this effect: "Dear Lord! I am prepared, all my tithes are in." Thus heroically passed on our dear friend and guide, leaving not a void, but an assurance of a better future and abundant love for all.

Rev. J. Barclay, assisted by Mr. Andy Davidson, conducted her funeral service on March 29th. at the All Saints Anglican Church, Penetang. Pall bearers were Robert and John Magnus, Jack Raynor, Bud Bateman, Wally Allsopp and E.W. Webster. Oak Ridge patients attending were Herman W. and Frank M., and from the lower hospital Eugene F., and Reinhard L.

Surely the parable of Jesus to his disciples and the multitudes told of in Mathew 13, reveal Miss Magnus as a Sower of the good seed. We of Oak Ridge and elsewhere were the land. Let us ever recall that she endeavoured to till and prepare the land. We were blessed by and in her presence. Pray to God that we shall honour her absence and hallow her beloved memory.

Frank M.

THE CHESS AND CHECKERS CLUB

From its quite modest start in September 1963 the Oak Ridge Chess and Checkers Club has expanded its membership to a present total of sixty. The club meets each Tuesday evening for about two and a half hours. Regular organized chess and checkers tournaments are held, and occasionally the club plays against the members of the Harrie "Y" Chess Club, whose President, Mr. Max Morris, and Vice-President, Mr. A. Moffatt, have been most co-operative in organizing matches.

All patients are encouraged to attend Club meetings whether or not they know anything about Chess and Checkers. Novices quickly learn in the give and take of casual play; and it would not be an exaggeration to say that the standard of play is quite high. The last tournament against an outside team, for example, ended in an exact draw.

The facilities of the club are greatly appreciated by all patient members, and they constitute a valued form of recreation.

Mike M.

THE VOLUNTEER PROGRAMMES

VOLUNTEER:- One who enters into, or offers himself, for any service, of his own free will.

In this article, I would like to expand on the importance of Volunteer services, and the rôle that they play in this Hospital.

A very important part of the patients' recreation and rehabilitation is provided by the community volunteer services. I must not continue without first providing a history of the many remarkable services they have rendered this hospital, and the individual patients.

Before this epoch of community-hospital intergroup activities began, the patients here had no opportunity whatsoever for meeting the community. They were, for the most part, completely isolated from any interaction with society, except for those parents and relatives (of which there were few) who chose to visit occasionally. Many patients lacked even this.

This situation continued until October 1961, when through the efforts of the Social Work Department, our first group of Volunteers visited Oak Ridge. This might be called one of the milestones in our history. This group, made up entirely of ladies from the Barrie area, became known to us here as the Barrie Volunteers, who are affiliated with the Canadian Mental Health Association. The present co-ordinator of the Barrie Group is a wonderfully vivacious woman, Mrs J. Gremo, who has never failed to contribute, along with her co-volunteers, to a great number of thoroughly enjoyable evenings. At present their programme brings Oak Ridge a monthly Bingo, sing-song, and arts and crafts.

Hand in hand with the Barrie group in their endeavours to bring Oak Ridge a varied and interesting programme of therapeutic activities, we also have the Midland-Penetang Volunteer group. This most welcome group of men and women from the Midland-Penetang communities first began in September 1962, under the direction of Mr and Mrs Andy Davidson, who are equally as sincere and devoted as anyone who has visited us here. The Davidsons, who originally visited here volunteering their time in support of our Bible Class, have become widely known here by all the fellows. The very charitable and friendly people who support the Davidsons, Mr and Mrs W. Allsopp, Mr and Mrs L. McMurtry, and many other fine people who all make a fine team, do much with their varied programmes to elevate our morale, and provide us with a twice-monthly programme.

The total volunteer effort evidenced each month is a splendid show of effort and planning which requires a great deal of time on their part. These programmes have been expanded to their present state so that they might now accommodate over half of the patient body. No doubt when the groups first came here, it was understandably with some apprehension, not knowing quite what to expect. But it was evident from the very beginning that they were pleasantly surprised. Since then, their programmes have met with tremendous success, and it is evident that these wonderful people have accepted the patients on a par basis with themselves. As everyone is aware, Oak Ridge is a maximum security hospital, and yet, through the co-operation of all the patients, these volunteer activities require only minimum supervision.

Each year, the regular volunteer programmes are supplemented with what might be described as a GRAND volunteer night. Movies are shown, and guest entertainers provide us with a much appreciated evening of entertainment. Some of these groups are indeed worthy of a sincere mention.

THE VOLUNTEER PROGRAMMES, cont.

During the year we have enjoyed the splendid singing of the Elmvale Choral Group, and the sometimes humorous, sometimes serious renditions of the Midland Barbershop Quartet, during a Christmas Concert put on by the Midland Volunteers. On one occasion we were treated to a splendid evening of music provided by the Midland-Penetang High School Orchestra; On top of all this these various groups bring us some terrific entertainment during the Christmas Season. Beyond all these time consuming efforts, these charitable people provide some splendid Christmas Gifts for all the patients here, truly a wonderful gesture; and it promises to continue.

Many of the ladies willingly attend our Oak Ridge dances every three months, where our music is supplied by the Volunteer Services of a terrific band, which is led by one of our own hospital attendants, Mr. Levesque. Our patient concerts which have attracted capacity crowds from the local area, are, through the charitable and co-operative services of C.K.M.P. aired via tape on the radio.

I have left what I feel should be an honourable mention to the last, in bringing you up to date on our Volunteer activities, and that is mention of a pretty nice person who faithfully over the past two years has provided expert piano background for our weekly sing-songs. This person is Mrs. V. Webster, wife of Mr. E. Webster of Penetang. Mrs Webster has done so much for our sing-songs, that all who attend are sincerely endeared to this splendid person. Both Mr. and Mrs. Webster also give of themselves in active support of the Midland-Penetang Volunteer activities staged here. I would now like to strike a serious note with you our readers.

Mental Health is becoming increasingly accepted as playing an integral role in helping to sustain a healthy wholesome society. Mental Illness is not to be feared of course; It is a sign of conflict which indicates the great number of people who are finding it increasingly difficult to cope with the complex problems and responsibilities so prevalent in our modern societies. It requires a large professional staff of men and women working as team to re-habilitate one patient; but they would be almost be helpless without the continuous support and understanding of the community. Your community plays a very big role in our hospital life; it offers friendship and understanding; two very important factors in rehabilitating a patient. There is however a gross lack of community sponsored clubs and agencies, which offer understanding, and try, to help in meeting the needs of individuals, who are discharged into the community. There are tremendous steps to be taken in providing facilities and aid for the staff which are to run this hospital. Dr. Boyd and his staff, (seriously shorthanded) have initiated several programs which will augment present facilities and present services. For these dedicated people it is an up hill battle. For a great part, help can be found in the community, as help for the individual in the community will be found here. For much too long there has been a tradition of discrimination against the mentally ill! There is a need to bring to our legislatures and public a new concept of psychiatric practices and services. This hospital is an active part of your community, and we hope that through "Open House", there will arise a more intimate understanding of what goes on here, and an active willingness to support our present Volunteer Groups, and the staff who so devotedly strive to serve your community.

THE INDUSTRIAL THERAPY DEPARTMENTS

Confinement in a maximum security mental hospital is always the result of a long series of problems in the past of an individual, and the confinement itself generates a whole new series of problems. Despite all the efforts of the staff, Oak Ridge is not a pleasant place to live in. There are bars, and the frustrations of living in close contact with thirty-five or so other men on a ward, each of whom has his problems too. For some, the solution is withdrawal; for others, cards, radios, and passive absorption of anything going, as preferable to thought or action. Others again find that since standing still means going backwards, the solution is regular, constructive work; something that will turn their eyes outwards to the society that they want to return to.

Some patients of course are not capable of work. That is not their fault. But the majority of patients are capable of it, and, being capable, need it as an alternative to boredom and institutionalization. To meet this need, to confirm patients in old work habits, or to create new ones, the Industrial Therapy Departments exist. At present, they are located all over the basements of the building. As you walk around down there, you will see a sewing room, an upholstery department, a carpentry shop, a shoe-repair department, a cement construction corner, a painting and finishing shop, assorted woodpiles and storage rooms, a baseball sewing shop, a leathercraft and hobbycraft shop, and a remotivation group for very withdrawn patients.

This sprawling Industrial complex presently involves upwards of eighty patients. Of these, some sixty are employed in the sewing and carpentry departments, and it is a tribute to the reliability of the patients and the efficiency of the staff, that only three attendants, (overworked attendants, though) supervise their activities among all the tools and equipment there.

Starting in a very modest way in 1949 with a few sewing machines and a handful of patients, the department has expanded in size and output to the present position, where it approaches the maximum employment possible in the existing quarters. Besides handling a large amount of institutional work, like building furniture for the wards, installing curtains, fixing locks, refinishing battered furniture for Oak Ridge and the Main Building alike, the department produces a wide variety of marketable items that includes leather wallets, leather purses, belts, chairs, tables, copper pictures, bowls, cement end benches, birdhouses, birdfeeders, baseballs, plaques, ashtrays, keyhangers, cat scratchers, picnic tables, ships' wheels, tobacco boxes, fernstands, and so on, (puff puff). It also constructs floats and exhibits that for the past five years have regularly won prizes in the Penetang Winterama, and have been displayed as far afield as the Sportsman's show in Toronto.

Originally, the only satisfaction that a patient had was that of doing a good job well. For a patient in a place like Oak Ridge, this can mean a lot. However, thanks to the efforts of the Social Work Department and the Supervisor of the Industrial Therapy Department, the last two or three years have seen a steady increase in the amount of cash earnings by the patients. In 1964, regular contracts for the sewing of baseballs grossed \$880.00. Contracts with Eaton's of Canada for the construction of birdhouses grossed \$950.00 in the last few months.

THE INDUSTRIAL THERAPY DEPARTMENTS, CONT.

The sale of a wide range of articles to local individuals grossed \$1200.00 in 1964. These earnings are all the more impressive when you remember that the patients work for considerably less payment than comparable jobs on the outside would command. In addition, 25% of the cash earnings of each patient worker are pooled in an Industrial Therapy Fund which is distributed to patients working in other dept. of the institution.

However, talk of financial benefits should not be allowed to obscure the fact that what matters from the patient's point of view is the work, not the payment for it. Perhaps work sounds like a rather dull and uncompromising word. If it is that way, it should not be, for work is central to our society. Ideally it is a means for the individual to express himself, to realize himself, and to meet others in benefiting them. But of course we are as far from that ideal in the Industrial Therapy Department as the rest of society is. The important thing is that, however slowly, the department is approaching the ideal. It is a place where the patients can come and use their time in the best way that they know of. Staff members are there to assist, direct, and, more relevantly, befriend them. It is a place for individual or group effort. It is a place where a patient can be more himself in work than in lounging on the wards.

The time is approaching, however, when the present Industrial Therapy facilities will not be enough. More and more patients are using them, and for a number of reasons there are difficulties: lack of machinery and space, lack of diversified materials, lack of patients willing to participate whole-heartedly, lack of an adequate system of rewards. Nobody pretends that the existing set-up is ideal. But if it progresses in the future as rapidly as it has over the last five years no one doubts that it will come close to the ideal. Industrial Therapy is gaining more and more recognition as one of the major devices in the treatment of mental illness. Given a few more years, it is hoped that the Oak Ridge department will be a model for other Ontario Hospitals.

Mike M.

SPORTS IN OAK RIDGE

Ever since that energetic young Greek ran the measured mile a few thousand years ago, sports have played an important part in men's lives. Those men who did not participate in the games often were led there by the ear by their irate wives.

Although we do not have this female problem here at Oak Ridge, much to our regret, our sports programme manages pretty well anyhow. In winter, we play hockey exclusively, (of course). There are three hospital teams, and we also have an All Star team which plays regular games against visitors from the local area. While the league games at the hospital are closely fought and high scoring, we usually manage to lose heavily when we play the visitors. However, this doesn't matter. The tired old line is perfectly true---It's the game that counts, not the score, and we always manage to have a great deal of fun.

The hockey rink was first built in 1961, and initially we were helped along by generous donations of equipment. Nowadays the equipment is all purchased by the hospital, and we have enough for two full teams. About 33 patients are involved directly in the winter sports, and a cons---- cont.

SPORTS IN OAK RIDGE, cont.

considerable number more indirectly -- shovelling snow off the rink! When the weather does not intervene by dumping large quantities of snow or thawing out our ice, we play regularly during the winter months. For most patients, these games are the only available opportunity to get out into the fresh (fresh indeed!) air, and work off some of the accumulated weight. This is accordingly appreciated with mixed and breathless feelings.

When the ice finally disappears from number one yard, the one-time rink becomes a soccer field for a few weeks. About twenty patients play in games of a semi-organized nature. (You pick your sides and go to it -- no referee, no whistle. Just keep the ball moving, and yourself too, if you can.) At this time, there is a marked upswing in the surgery requisitions for band-aids.

Summer is the busiest time for hospital sports, and the rink-soccer field mutates again into a baseball diamond. All the games between the two hospital teams are on an organized basis, and we play frequent games with local teams. Some of these we even win! Baseball thus tends to be more popular than hockey. Seriously, though, our ball games are usually exciting affairs, and on nice days everyone gets out for a few hours of fun and surprises. About thirty-eight patients are consistently involved as players, and a much larger number as spectators.

In number two yard, the older patients play less strenuous games, such as badminton, horseshoes, croquet, and sunbathing.

Although the sports programmes reach a surprisingly large number of patients, roughly one quarter of the institution, its appeal could undoubtedly be made much wider. However, a limiting factor is the lack of space in number one yard. In the past, suggestions have been made that it be expanded, but hitherto nothing has been done. The difficulty is, of course, that the maximum security status of the hospital must be maintained. Nevertheless, the crowding problem in number one yard is reaching such proportions that it is hoped that some move will be made to extend the recreation areas.

Since October 1961, a patient Athletic Board consisting of eight members, a chairman and a staff representative, has been responsible for the planning and organization of all Oak Ridge recreational activities. The aim of the Board is to extend the programme to as many patients as possible, and to ensure that its smooth running makes it acceptable to as many as possible. It has performed, and continues to perform, an indispensable function.

Once each year the institution holds a Sports Day, in which a large number of patients participate in track and field events. The awarding of prizes for the winners tends to give incentive to the races, and there are often quite creditable performances.

Recreation has long been recognized as a form of therapy. It certainly is a lot of fun, and it is sometimes a welcome break from all the other therapies!

Bruce C.

* * * * *

ALCOHOLICS ANONYMOUS

The following are the twelve suggested steps of AA that have been laid down as a programme of recovery. Here is what these steps mean to me, a self-admitted alcoholic, and how I put them into practice.

1. "We admitted that we were powerless over alcohol...that our lives had become unmanageable..." This step is the first rung in the ladder to sobriety. When I first looked at this step, I realized that in order for AA to work for me, I had to start off by being honest with myself. In the last fifteen years, my drinking was a living hell on earth both for myself and for the people who were close to me. Everything seemed to be in some way connected with alcohol. I lost job after job, in the same way that I used to go from bar to bar. My wife and little daughter left me. I ended up on skid row in Toronto, with the only real friend I ever had, a bottle of wine. When everyone would turn against me, through my own fault, I would always go to the bottle and lose myself in oblivion. As you can see my life was unmanageable.

2. "We came to believe that a power greater than ourselves could restore us to sanity..." One time I used to think that no one was greater than me, and that I was not insane, so for a while I skipped over this step. But not for long. I found out what was missing after talking to a visitor to one of the AA meetings; and now to me the Higher Power is God almighty and without God as I understand him at my side, I do not believe that the AA way of life would work for me. At one time, as soon as I would take the first drink, the insanity came in, more and more with each drink. Since I am presently in a mental hospital, I should explain myself more clearly. When an alcoholic starts to think that he can take a drink and be sociable, after a period of sobriety, this is when the insanity starts—what I call the "stinking thinking". I can recall many occasions on which I stole, cheated and lied to obtain a drink. I would have sold my soul. Is this the way a normal person would think? Of course not. This was insanity.

3. "Made a decision to turn our will and lives over to the care of God as we understood him..." Over a year ago I did this, and since then I have had contentment and peace of mind. It is not easy for me to live by God's will rather than my own, but I try each and every day to abide by the AA way of life; and up until to-day I have with God's help been successful. Each Morning I ask him for guidance, and each night I give thanks for the peace I have, for being alive and for being sober.

4. "Made a searching and fearless moral inventory of ourselves..." This step is so important. Each day I set aside a time to review the way I have acted, and treated my fellow man. I go over the steps and see if I have in some way violated the rules I must live by for the rest of my life, a day at a time. If in some way I have strayed off the path, as I often do, I turn to God and pray that I cannot face this alone, and that if I am to stay on this narrow path I need his help. Sometimes I feel all I ever do is ask for help and give little in return. Yet I never once forget that if it were not for AA and the programme, the fellowship and the knowledge of God as I understand Him, my life would be one of mere existence and uselessness.

5. "Admitted to God, to ourselves, and to another human being, the exact nature of our wrongs..." At one time I would never admit that I was wrong

ALCOHOLICS

ANONYMOUS, cont.

about anything. But since I have come into AA, I have found that I was often wrong in the way I used to think and act. Knowing this is one thing, but to accept it is another. I never expect perfection, but if it is God's will I shall keep on striving for it a day at a time. Each day to me is a challenge, trying through God's will to live a good life, free from doubt, worry, and insecurity. Regarding telling another human being of my wrongs, such a person must be someone I believe in and trust, someone that is striving for the same things in life that I am: chiefly sobriety. I have now found the person I can share everything with, regardless of what it may be. It is wonderful to be able to share your experiences; strength, and hopes, with another alcoholic, knowing in your heart that the party understands. It is surprising how one alcoholic can help another just by speaking his or her mind.

6. "Were ready to have God remove all these defects of character..." These defects of character are very hard things to overcome, and I have also found that I cannot overcome them alone. All I can do is turn them over to God, and let Him handle them. Once I knew that God was on my side, I turned everything over to Him, and the fears I had, that most alcoholics have, are everyday growing less.

7. "Humbly ask Him to remove all our shortcomings..." My shortcomings are many, as they are in most humans. This is one of the hardest steps in the whole programme, because basically underneath I am still the same old Norman, and will be as long as I live. Here is an example: now that I am a sincere AA member, and want my sobriety more than anything else in the world, I have come a long way on the road to recovery. But all it would take to throw away all this contentment would be to take that first drink. Alcoholism is a progressive deadly disease that can only be arrested, never cured. Sobriety can be maintained only by the fellowship of the AA programme, and the grace of God.

8. "Made a list of all the persons we had harmed, and became willing to make amends to them all..." I have had a great deal of trouble with this step, because I have harmed many people in my lifetime of drinking. Since coming into AA here, I have tried to no avail to express my sorrow for the things I have done, by letter. Although this hurts, it does not discourage me. All I can do is pray for these people, and hope some day that it will work out. As long as, day by day, I remain sober, looking up to AA and God as I understand Him, they will work out. I cannot say that I will not fail; but at least I know that without AA and God, I have nothing.

9. "Made direct amends to such people wherever possible, except when to do so would be to injure them or others..." As I mentioned in step eight, I have tried on many occasions to make amends without success. But this does not worry me too much, because under the circumstances it is possible that my wanting to make amends at this time could perhaps hurt someone. So, I feel that when the time is ripe, these amends will be made.

10. "Continued to take personal inventory, and when we were wrong, promptly admitted it..." This step in itself is like eating food to me. We eat to give our bodies nourishment and vitamins. When we continue to take personal inventory, as I do, I have found it gets to be a good habit. In order for me to live the AA programme a day at a time, the only way it can be worked successfully, I must at all times be aware of my wrongs and admit

ALCOHOLICS ANONYMOUS, cont.

them. This is a must with me: for one can only recognize these wrongs by taking personal inventory, as often as necessary.

11. "Sought through prayer and meditation to improve our conscious contact with God as we understood him, Praying only for the knowledge of his will for us, and the power to carry that out"...Perhaps to many alcoholics working the AA programmes this step may seem like a big order. I too felt this way, but as I grew in AA this step became more and more essential. There is not a morning that I do not pray for help during the day, not an evening that I do not thank God. But sometimes I found that this was not enough, so I would pray whenever I felt that I needed God's help. And I assure you that there have been many times when God has pulled me through different situations a much better person. The latter part of the step was very hard for me to carry out. You may ask how I know God's will for me. All I can answer is that I have a peace of mind and a contentment within that I have never experienced before. Things are falling into place for me, and beyond any doubt I am today a man through the grace of God, instead of being just a slave to the bottle. I know one member of AA who was having trouble with this step, and he asked me what must be done to obtain peace of mind. The only answer I could give him was to pray to God as you understand him from your heart, and, if necessary, plead with Him. Humble yourself to any extent necessary. Be sincere in your prayers and always bear in mind that in time you will find the knowledge of his will for you. Through his grace you will recognize it as such.

12. "Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs..." I cannot think of a more suitable step to form the conclusion to this article, for to me it sums up everything perfectly. The spiritual awakening mentioned was to me the most wonderful event of my life. God has taken away from me fear, insecurity, dishonesty, and indecision; and in their place he has put serenity, security, honesty, and the ability to make decisions with a sober mind. The peace of mind that I have mentioned so many times in this article is for a miracle brought about by the grace of God. Carrying the message to other alcoholics is so important, and I have found this to be of so much help to me and to others. I know that I, must live this AA programme a day at a time for the rest of my life, God willing. I might also add that I cannot think of a more useful way of spending an hour a day than sharing your experiences, hopes and strength with another sober alcoholic.

In closing, I would like to add my sincere gratitude to Drs. Boyd and McKnight for the privilege of having this space set aside, in the hope that something I have written may help some alcoholic who is having trouble with the twelve steps. This is my way of giving thanks to God and to all the alcoholics who have helped me. God bless you all.

Yours in AA.

Norman H.

REHABILITATION

This is a subject upon which many and varied opinions are given. Most of these opinions are made public in speech or magazine by persons on the outside looking in. Especially this is true in the field of penology. So let's take a look at the subject from the "inside".

The first thing to consider is what one is being rehabilitated from and to. Rehabilitation from physical handicaps is one very important aspect of modern life. Birth injury, home and industrial accidents, and traffic accidents, are the primary causes of the almost countless cases that require rehabilitation today. The relevant victims are schooled in recognizing that they have handicaps, and are taught to adjust -- but this adjustment must be sparked by the individual's own will to adjust. Most of these people do succeed in finding adequate places in employment, and in social living. But they have had to work at and achieve this adjustment from within themselves. Rehabilitation does not ultimately through the actions and guidance of others. Guidance and help are important, but must be met by the interest and effort of the rehabilitant. Since much of my time has been spent working with and for the visually handicapped, I'll outline two divergent cases I have known.

One girl lost her eyesight in very early years. She went to the school for the Blind at Brantford at the age of 6, and was taught Braille. In her early teens, she lost the sense of feeling in her fingers. She then taught herself to read Braille with her lips! This drive to beat any handicap is not uncommon among the visually handicapped of both sexes, and any age.

A young man had had some visual impairment, and had been under the wing of the Canadian National Institute for the Blind. The institute arranged for corneal transplants for him, to give him back his sight. The operation was successfully performed, but within 24 hours this chap was doing push-ups in show-off fashion, and banging his head against the wall, or rubbing his eyes. All these exercises were strictly forbidden by medical instructions, and even by common sense. He consequently lost the sight of one eye entirely, and succeeded in impairing that of the other eye. He did not have to leave the sheltering wing of the CNIB. He did not have to stand on his own feet.

These two actual cases illustrate the two extremes of the rehabilitative results. The direction -- of success or failure -- lay within the individual.

In the mental health field, at the hospitalization stages, there are the same directional possibilities. Will the individual have the guts to exert a constructive effort? Or does he fear to leave the services and care of the hospital?

In penology, the picture is a bit different, from my point of view. Arrest and imprisonment, in their very early stages, lift a person out of the constructive social setting, and strip him of a personal social identity. The prisoner is but a number, and is limited in making and maintaining social contact with his family and understanding friends. Prison life and social life constitute a dichotomy, to the extent that the return to social life by the completion of sentence, or parole, to the prisoner, seems not to have interrupted

CONT.../

REHABILITATION, cont.

anything--but the world has gone ahead by years. A most confusing state of mind is thus created, with a Rip Van Winkle result. Rehabilitation seems to be a simple matter at first sight, but is almost unrealizable because outsiders cannot see that the primary effect of imprisonment is to impede social adjustment by reversing time, or creating a time gap in social living. Real rehabilitation can only come about by instituting progressive social training during the time of sentence. (That is, in the penological field)

The dichotomy of social direction is emphasized if the person becomes a recidivist. A return trip to prison means that, by discipline and routine, life has not a gap there; and one merely takes up where one left off. Only, probably, with a different number. Each return to this life without a lengthy hiatus, makes prison life more acceptable, more comfortable--one becomes accustomed to the feeling that in that life there is a recognized place, and one no more has to think for oneself. There is a social morphia in recidivism--because of the failure of those "on the outside" to see the real effect of imprisonment.

In the rehabilitation process relating to any of the fields named above, however, the final result--success or failure-- must be recognized as resting within the individual. Confusion may slow up the rehabilitation effect on penological time-amputees--but what the individual is, and does, can be instrumental in achieving rehabilitation.

It would be worthwhile if each prospective rehabilitant took to heart a short poem by Edgar Guest which appeared in a BC Newspaper some years ago.

YOU TELL ON YOURSELF .

You tell on yourself by the friend you seek;
By the very manner in which you speak;
By the way you employ your leisure time;
By the use you make of a dollar and a dime;
You tell what you are by the things you wear,
By the spirit in which your burdens you bear;
By the kind of things at which you laugh,
By the records you play on your phonograph.
You tell what you are by the way you walk,
By the kind of things of which you delight to talk;
By the manner in which you bear defeat,
By so simple a thing as how you eat;
By the books you choose from the well filled shelf;
In these ways and more you tell on yourself
So there really is no particle of sense
Making effort to keep up false pretence.

D. B.

THE PRICE OF EFFICIENCY

In Oak Ridge, the ward attendant works an eight hour day, or afternoon and evening. Throughout the day he is in continual contact with the patients, unless he is working the night shift, in which case he has little contact with the patients, and little contact with his family, either. As he goes through the day, he must open and close doors, hand out medication, talk to and comfort worried patients, keep an eye on the more disturbed ones, mediate the inevitable arguments, be a general counsellor and organizer. He must reconcile the security requirements of the building with the sympathy that the patients expect from him.

During the year, thousands of visitors come to the institution: friends and relatives of the patients, doctors from other hospitals, volunteer groups, and, during Open House, members of the general public. The attendant staff are responsible for the well-being of these people while they are in the building...

They are also responsible to the professional staff for clear and balanced reports on the progress of the patients in their care. They are expected to be at all times the things outlined in the article on page 15. They must be medically fit, and have a minimum education at the Grade X level. Many of them have accumulated the experience and intuition of over twenty years' service in the institution.

Most of them have families, and, like all men, their job is a means to providing them with a good life, as well as being an end in itself: the care and rehabilitation of the mentally ill. There is food to buy, a car to run, a house to pay for, the childrens' education to think about. They have the same financial worries as anyone else.

And yet the starting wage of the attendant is \$3,000 a year. After a series of examinations in the theory and practice of psychiatric nursing, they can expect to earn \$3,500. After ten years' service, they might -- might -- make \$3,800. Many retire never having made more than \$4,200. A man can spend forty years working under conditions that are not the most attractive in the world, and count himself lucky if he retires earning \$4,400 with an expectation of a \$250 pension. There are no wage rises if they marry and have children. They have to make do.

If a man is underpaid, his whole heart will not be on the job, and the job will suffer in consequence. In this case, the job is other people. An attendant is not likely to give his full sympathy to a patient if he is worrying about the payments on the car or the kids' shoes.

And in spite of all this, the attendants do a good job. The progress made in the past few years alone is in part a tribute to them. This is neither the place nor the time to enter into a long list of their grievances. It simply seems a pity that they should have grievances at all. Labourers' rates start at \$4,300 in Ontario. Attendants' rates start at \$3,000. Surprising in many respects that the institution should run as efficiently as it does.

Mike M.

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THE QUILL

The Quill is the voice of the patients at the Ontario Hospital in Penetanguishene. It is published on a monthly basis by the patients, for the patients, and with the patients. Patients do all the work in editing and printing. The great majority of articles are written by them, although occasionally articles are contributed by the professional staff of the hospital where their specialized knowledge is available and necessary. The Quill had its start back in June 1961. It was an experiment to see if the patients were capable of working together to present this hospital to the outside, and to portray to fellow patients what was going on in the establishment. The experiment turned out to be a success.

Under the present editor, the Quill reflects the varied interest and outlooks of its board of editors and patient contributors. In it you will usually find articles ranging from science and medicine to Music and Poetry. The high standards that the Quill has become used to were laid down at the start. It is rare that one will find a mistake in the background of an article. The Quill is popular within the hospital and is in great demand by the patients and staff. There are numerous complaints that there are not enough copies printed to go around. This will be rectified in the future. Another new development which we might see sometime in the future will be that of colour printing. As soon as it is instituted, it should place the Quill among the best hospital newspapers in Canada.

There are a number of articles that appear regularly in the Quill. These regular articles, or columns, are as follows: The M.D., an article written by the professional staff; the Editorial, usually written by the editor, Mike M.; the science section, edited by Peter W.; a music column Downbeat, written by Jeff J.; the Poetry section, edited by Don B.; the Currents events section, edited by Eric Y.; Rambling Around, a gossip column written by Joe N.; the Sports Section, edited by Bruce C.; and the Religion column, written by Frank M.: All Art work is done by Roland P., our Art editor.

The Quill is first set up by the Editor, who corrects some of the errors, inserts others, and fits the contributions into an average of about thirty pages. This is the rough draft of the Quill. It is then sent to the Superintendent for his approval. If for reasons of diplomacy he feels that an article ~~should not be published~~, he will indicate as much, and the article will be removed. He also offers suggestions, and the draft is returned to the editor. The Editor then sets up a board of typist, (himself and Eric Y.), who put the articles onto the stencils. Once the stencils are cut, the editor notifies the hospital printer, Peter W., and the presses are set rolling. The pages that come from the printer are then all assembled and stapled together in a session in which the editor, looking quite harassed, succeeds in putting out another issue.

Now, after the Quill is put together, it is distributed to the staff and Wards at Oak Ridge and the Main Building. A section of 100 copies is laid aside for the mailing list. This section goes back to the printer, who mails the Quills to other hospitals and interested individuals. The process just described goes on every month. The editors are constantly seeking new ideas to improve the paper. It is hoped that you enjoyed reading the copy that is in your possession. Pass it on to someone else when you are done. We thank you for your interest, and hope that we will in future, be able to serve you with a better paper than the one you have at present.

THE MAIN BUILDING

by Carol B.

Since this is the Open House edition; we have decided to write on the history of the Main Building, and present day conditions.

During the 1800's, the land on which the building now stands was used as a British Naval base. The naval base figured in the War of 1812. Later, the Officers' Mess of the base was changed into a museum, which still stands. In 1860, the land was given to Upper Canada, and a Boys' Reformatory was established. It was at this time that the Main building and the "cottages" were built. There were iron bars on all the windows, and iron slats and locks on all the doors, but inside it was much the same as it is now. The boys attended school classes, or worked on such jobs as carpentry, shoe repairing, in the engine room, the stables, the gardens, the kitchens, the laundry, the dormitories, residential houses, the gatehouse, and other miscellaneous labours.

The Reformatory was closed, and an Ontario Hospital was started in 1904. This hospital was for the mentally ill and emotionally unbalanced cases. It was in 1933 that the first half of Oak Ridge was built, and in 1958 the second half was completed. In 1959 the bars were removed from the Main Building, and in 1960 Dr B.A. Boyd replaced Dr Cardwell as Superintendent. In 1961, wards 2, 3, and 4 were remodelled, smoking privileges were granted, proper clothing was issued on all wards and cottages, new furniture was placed on the wards, recreation, occupational therapy and a hair drssing shop were established, a canteen was built, ward councils were formed, and many; many other things, large and small, that Dr Boyd is responsible for. We wish to take this opportunity to extend our most heartfelt thanks to Dr Boyd for all he has done for us.

Many people ask how the patients and staff get along, so we did a little research, and this is how it stands. We, the patients of the Main Building, feel that there is an extremely good relationship between the staff and the patients. The staff try in many ways to help us out with any problems, and will even stop in the middle of their work to listen to us. All of them seem to be trying to be like parents to us younger ones, and this is appreciated more than they know. We hope it will continue to be this way. As for the doctors and Social Workers, we feel the same way about them, and wish to thank allof them for all that they have done, and will do to help us in the future.

When we look around us, we see all kinds of things to improve our living standards. Soon we will have a whole new series of wards to live in, and this should be finished in approximately two years. We will admit that there are some gripes about things on the wards, but most everyone is satisfied with the present accommodations. From here, I'll turn things over to Bill N., who recently came down to Ward 4 from Oak Ridge. This should give the boys on the hill an idea of what it is like down here.

"It has been three months since I was transferred from the Oak Ridge Division to the Main Building. I found it quite pleasant in many ways, and a little difficult to get used to, after so long a time on the hill. The ward that I'm on is very clean, and quite spacious. The main room holds beds, and a space for the TV and chairs. Then there is a sunroom, where the rest of us sleep. We have ten elderly patients, who need constant care. Some of them have to be fed by either staff or patients, since they are too crippled to do it for themselves. We are allowed to do pretty well what we want, provided that the rest of the patients

THE MAIN BUILDING, cont.

are not disturbed. We all pitch in and help to clean up the ward in the mornings, and then either go out to work, or play cards, etc. There are four student nurses on our ward, and we can talk to them, or play cards with them. There have been a few new activities started down here, and a renewal of the old ones.

"The patients now go curling once a week, with staff and student nurses, and they have a real blast. During the winter months, there are skating parties, two or three nights a week, and a dance on Monday night, with a band to provide the music. A local group, the Centurians, usually come here. On Friday evenings, a bus load of patients goes to the hockey games. This includes the males and female patients. The Midland arena donates a section of seats to the hospital, and this is just another of the many examples of the changing attitudes towards Mental Patients. There is a movie on Sunday evenings, and the rest of the week is spent at different activities. Coffee is served after, either down in the kitchen or upstairs. Summer activities include baseball, swimming, tennis and camp-outs for the patients. There is a chance that we may play against the Midland Indians this summer.

Well, I guess that is all I can say, being a new patient to this section. I hope I have nothing unsaid, and to all of you who have come, a hearty welcome, and thank you.

Bill N. and Carol B."

CONCERTS -- PAST, PRESENT, AND FUTURE.

For the past few years, we at Oak Ridge have had the privilege of having you, the public, in to see a series of concerts of the musical variety. We professed not to be experts at this sort of thing. All

we actually wanted to do was to bring you to a better opinion of the patient population of Oak Ridge. Initially this may have seemed to be very optimistic, but I feel that these concerts have brought about much comment and sincere criticisms that have to an extent bettered the plight of us here in Oak Ridge. I wish to point out that Oak Ridge is a maximum security part of the hospital. We are not what is generally termed voluntary admissions, for in many cases we have either been transferred here from other institutions or sent from the courts. To better our lot a few of the boys thought that a concert would help to lighten a heavy burden.

It is our express wish that everyone be allowed into these concerts at any time one is scheduled, if they are free to do so. We are not to be classed with professionals, nor do we try to be. We just try to do a job to the best of our ability.

It is hard to believe that in the past four years concerts have been a main feature of many holidays here at Oak Ridge. Where before it sprang from a pessimistic viewpoint, it has channelled itself to the optimistic side of the pattern. We look forward to entertaining the public and our fellow patients, hoping that in some way the public will come to realize that we too are a class of the human race.

Under the guidance of Dr. E.P. Houston, practice and rehearsals for the first concert got under way in November 1961. Dr. Houston, who has since left us, aided and encouraged many of the fellows to contribute more of themselves to the concert effort. As he pointed out, it is better to try and to fail, than to give up without an effort. So, try, we did.

C O N C E R T S, cont.

We became discouraged when things never turned out right, and often we threatened to give up and quit. But somehow we knew that this concert was going to set a precedent, and we stubbornly stuck it out.

Approximately two nights before Christmas, Oak Ridge went on stage. Shattered nerves made a tendency to withdraw rather than face the public very real to us.; we were scared that we might fail and later be ridiculed. However, this was not the case. The response from the audience when we closed showed us that we had succeeded in reaching the public, and that they truly enjoyed their evening of festive music. To give a few highlights of concert number one, I will attempt to bring back a few soloists, quartets, pianists, and skits. First, there were the Golden Spirits with their rendition of spirituals that stirred the hearts of many of the audience...then the Saints with their four part harmony on "Lonely Boy", etc... Beatnik Bill did a terrific take-off on Bo Diddly, leaving everybody, including the Bongo player, in stitches... Sonny A. and John L. brought the house down with a take-off on Mr and Mrs Santa Claus, rounding their act out with a short comedy rendition of "Daisy". Allen O. performed wonders on the piano, playing two beautiful semi-classical selections... Credit for the orchestration must go to Joe R. and Stan R., who did a terrific job with their guitars. Also in the orchestra were Joe E., Vince L., and Gerald W. All in all, it was a fine, if nervous, programme!

A year later, a second series of concerts were put on for the public. With one concert under our belts, we produced a much better, if not more diversified, show. One big hit of the evening was the ECT skit. This showed the progress of a patient being conferenced for treatment, to the treatment date. On the day of his treatment, he was put on a bed, and a harness of some sort was attached to his head. After all this rigmarole was settled, with a few fancy manipulations a string of fire-crackers representing the shock itself was set off, thus ending the treatment. The explosions were only part ended, however. Dr Sauks, who has since left us, was awarded a box of scrumptious chocolates from the concert boys; but alas, this too had its drawbacks, as the supposed box of chocolates turned out to be a booby trap of firecrackers. All in all, a fine, if not shocking, finale.

Also at this concert was introduced a new song in the making. Howard R. had written a song to go with the St Valentine's day concert. It was introduced as his own creation, and, to say the least, it stirred the hearts of many a lonely man and woman out there in the audience. For the patients this same song was sung, and it was received almost with tears.

As time went on, ideas of having a more permanent group became established, and it was decided that there should be a patient body to draw up the rules and regulations for the conduct of further concerts. This was agreed on by patients and staff alike, and so it finally came into being in September 1964 as the Concert Group.

Not long after this group was non-formally established, another concert was in the making, this time for Open House. Many of the originators of the first concert had retired, and there was a dire need for help from other patients. I am sad to say that, after a valiant effort, this concert was not too successful. The blame for this cannot be laid upon anyone. The concert simply lacked more talent than could be supplied without the old members of the group who had not stayed with it.

C O N C E R T S , cont.

All this, however, is secondary to the main function of our concerts here at Oak Ridge. True, we have had disputes between opposing factions, but in the end everything worked out well for those concerned. We now have a very influential Concert Group Committee, consisting of five well-known patients and a few popular staff. The list of members includes Ernie A.; Jeff J.; Norbert B.; Joe R.; and Norm H: who is the Concert and sing-song MC. Staff involved are Captain Clayton, the Chaplain, Merv Beatty, the Recreational Director, and John Erochko, the Social Worker. The object of the group is to keep in mind that the concert is therapeutic, and that we are not trying to produce professionals, but to portray if possible a part of the hospital that may not see the sad satire of life and its many hardships....the lonely cries of a lonely man trying to express in song or words his need to be recognized, to be accepted, and most of all to be free. This is our life; we are trying to bring it to you in the things we say and do. It is not wrong for a man to crave another chance at the outside world from whence he came. It is only wrong if he misuses the concert or any other activity to his advantage, not caring about his fellow man. In the concert, it is pointed out that we are trying to put our best side forward, and that nothing but a genuine attempt will be accepted by the public, the patients and the committee. It is not necessary to be perfect, but it is necessary to strive for perfection. All are invited to join in this therapeutic effort, and not one will be turned away without at least a chance to try. Our future depends largely on the response of the public, patients, and staff. If there is no reasonable response to our concerts, then it means our efforts are in vain. We have many plans for the future if we are still here and in operation. It is our wish to see many people enter our halls, and possible, if the opportunity presents itself, to visit awhile. You will find many men just seeking a friendly hello, and this is all we hope to gain from our concerts. Let us entertain you:

We are looking forward to this concert with much optimism. At Christmas, it was standing room only, and we hope that the same thing will happen again. It creates an incentive for us to try that much harder. In this concert we are introducing two new groups, the Hummingbirds and the Seekers. They will give their personal rendition of popular and folk numbers. The groups are as follows; The Seekers, Peter R.; Gerry B.; Jeff J.; led by Dave B.; The Hummingbirds; John L.; Bruce B.; Richard M.; Led by Eddy T.:

Enough said about this, for to tell you more might spoil a good show. Are you interested? Come and see us: We would love to entertain you.

Jeff J.

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It was a hot, sticky day in July, and two psychiatrists who worked in the same building were leaving in the elevator. One of them, a young, successful man of thirty five or so, looked with some envy at the other, a man of seventy, who was obviously fresh as a daisy. "How can you manage to stay so fresh after a hot day of listening to the stories of your patients?"

The old man looked at him in surprise. "Who listens?" he shrugged.

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SOCIAL WORK IN MENTAL HOSPITALS

Early observers of mankind were struck by the coincidence of certain emotional and somatic illnesses with certain social phenomena. This had brought about some prescientific speculations on the case of the mentally ill, and had influenced patient care in Western Europe, so that by the end of the nineteenth century, in some of the larger cities, patients were segregated and housed in hospitals. In the United States, however, by the time of the 1860's, they were still largely confined in jails and almshouses.

Dorothea Dix, a courageous citizen, was stirred by first hand investigation of the commitment and treatment of the mentally ill. She described her findings to the general public, and besieged state legislatures and Congress for funds, facilities, and legislation to ameliorate the prevailing subhuman conditions. Change was slow in coming. The modern era of care for the mentally ill was really started when society assumed some responsibility for housing them in institutions that had custody or therapy for avowed reasons for existence, rather than the punishment of the patient.

With the humanizing of the institutions, increasing attention gradually began to be paid to other facets of the patients' reality, such as the home, and the environment from which he came, and to which he might one day return. Approximately 125 years ago, a programme of aftercare for mentally ill patients discharged from the Eberbach Asylum in Germany, was introduced by Dr Lindpainter, the Director. He organized a group of interested community citizens, who visited patients in their homes, and who acted as a liaison between the patient and the hospital. In 1841, the Societe de Patronage assumed similar responsibilities in France. Its prototype in England, the Guild of Friends of the Infirm of Mind, did not start until 1871.

In America, a committee of the American Psychological Assn. on aftercare was established in 1890, but then only for study, and not for direct work with patients. It was not until 1904 that Dr Adolf Meyer a leading psychiatrist at Manhattan State Hospital, interested his wife in visiting his patients and their relatives and homes in New York City. He developed a great conviction about this facet of his work, saying:- "We thus obtained help in a broader social understanding of our problems, and a reaching out to the sources of sickness, the family and the community."

In 1906, a report by the State Charities Aid Association was made, concentrating on the European aftercare programmes for the mentally ill, and on Mrs Meyer's activity at Manhattan State. The recommendation was that a fulltime paid "agent" be employed on an experimental basis in state hospitals, in view of the evidence that the amount of work done by such a person was becoming too great for a part-time volunteer to handle. And so, later that year, 1906, Miss E.H. Horton, a graduate of the New York School of Philanthropy, (now the New York School of Social Work), became the first Social Worker to be employed in an institution for the mentally ill. She was assigned to the Manhattan State Hospital.

Miss Horton's demonstration established Social Work in New York State Hospitals. By 1914, there were 11 State Hospital Field Workers on the New York State payroll, working in Hospitals and clinics which had been established for outpatient treatment of mental and nervous disorders.

In England and on the Continent, the shift from lay to professional social work care of the mentally ill has reflected the much slower growth

SOCIAL WORK IN MENTAL HOSPITALS, cont.

of Social work outside America. It was not until 1936 that even one social worker was assigned to each of the mental hospitals serving the city of London. In Germany, France, and Austria, Social Workers are largely found in the psychiatric clinics, rather than in mental hospitals.

It was World War I, and the impact on existing treatment facilities of the returning psychiatric casualties -- the "shell-shocked" veterans -- which gave impetus to formal training for increased numbers of practitioners of what henceforth was to be known as "psychiatric social work." That is, social work practised in collaboration with psychiatry. The Smith College School of Social Work was established in 1918 to train psychiatric social workers, and the New York School of Social Work instituted courses in mental hygiene for Social Workers aimed specifically at this group. In the same year, in Toronto, Canada, a course similar to that given at Smith College was inaugurated.

Thus in 1906 Miss Horton was the single pioneer psychiatric social worker in New York State. While today, information from a recent publication states that there are over 3,000 psychiatric social workers as members of the American National Association of Social Workers.

Moving on now into trying to explain what Social Work is, it could perhaps be quite accurately said that the average person could frame a recognizably accurate definition of teaching or nursing or the ministry, but if asked to define Social Work, they would perhaps invoke a set of outmoded stereotypes about doing good or curbing juvenile delinquency. A definition by Herbert H. Stroup states that Social Work is the "art of bringing various resources to bear on individual, group, and community needs, by the application of a scientific method of helping people to help themselves."

Social Work, today, in clinical settings, stresses the psycho-social focus derived from generic social work. In addition to the diagnosis, treatment and study of the individual case, group activities under social work auspices have been added. In clinical settings, the psychiatric social worker functions on a multi professional team where medical responsibility is lodged with the psychiatrist. The common denomination in every case accepted for treatment is the patient's psychiatric illness; however, it may be manifested by emotional, physical, or social symptoms, alone or in combination. The responsibility for aspects of case management other than medical may be, and often is, assigned to other members of the team.

In the study and diagnostic processes, case workers contribute a description of the dynamic environmental factors and family relations which played a part in a patient's past life, and in his illness, and they establish which of these factors are now operating, and which are quiescent. The presenting problem of the patient is formulated as precisely as possible. The possible correlation between the clinical diagnosis and the difficulty for which the patient asks help is examined by the social worker.

Case work treatment is always anchored firmly to the facts of social reality, and it must therefore deal systematically with the rational activity and productions of the patient on a conscious level. It does not involve planned access to materials from the unconscious, but the worker is aware of significant derivatives, and is trained to handle them.

SOCIAL WORK IN MENTAL HOSPITALS, cont.

Case work treatment may occur at any time the case is active in the psychiatric setting. It can range from a short term contact to an extended series of interviews. It may be concurrent, consecutive, or overlapping with treatment by other team members, or it may be the sole treatment method employed.

The contribution of Social Work in the clinical setting is not limited to case work. Social group work in psychiatric clinics and hospitals, although a relative new comer, has been increasingly useful in the therapeutic arena. Within the last ten years, group workers have been added to the staffs of residential and non-residential psychiatric facilities and treatment centres for children and adults, and are operating as an integral part of the team. The importance of group activities has long been recognized wherever emotionally disturbed people have been treated. Organized recreation, Occupational and Industrial Therapy, ward or cottage activities and family case programmes have been planned with some understanding of the impact of peers on even very disturbed individuals. Certain unmet needs of patient populations led to the introduction of group work, which is concerned with group interaction to promote individual development and socialization.

The professional relationship is used as the treating vehicle in all forms of social work treatment. Rapport is established through acceptance and recognition of the patient as a person; his need, his right to be self-directing. It is disciplined and controlled by the social worker to permit growth and movement. Warmth and concern for the patient are basic.

John Erochko, M.S.W.
Social Worker, Oak Ridge.

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